

L10000127289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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R/A Chg
MAR 03 2015
R. WHITE

FILED
15 MAR -2 AM 11:10
FALLS CHURCH, VIRGINIA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2015

GARY K SCHUMACHER
2931 PLUMMER COVE RODA
JACKSONVILLE, FL 32223

SUBJECT: RPM AUTOMOTIVE - RIVER CITY, LLC
Ref. Number: L10000127289

We have received your document for RPM AUTOMOTIVE - RIVER CITY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida corporation, but your entity is a Florida limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 715A00003635

RECEIVED

15 MAR -2 PM 3:12

RECEIVED
DIVISION OF
CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RPM AUTOMOTIVE-RIVER CITY, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GARY K. SCHUMACHER
Name of Person

RPM AUTOMOTIVE -RIVER CITY, LLC
Firm/Company

2931 PLUMMER COVE ROAD
Address

JACKSONVILLE, FL 32223
City/State and Zip Code

GARY S@RPMAUTOMOTIVE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARY K. SCHUMACHER (-904) 683-7737
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: RPM AUTOMOTIVE-RIVER CITY, LLC
2. (a) 13131 WOLF BAY DRIVE. (b) 2931 PLUMMER COVE ROAD
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
JACKSONVILLE, FL JACKSONVILLE FL
32218 32223

3. 12/10/2010 4. L10000127289
Date of filing/registration in Florida Document number

5. (a) FOWLER WHITE
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

501 EAST KENNEDY BLVD. SUITE 1700
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

~~RE~~

TAMPA, FL 33602

- (b) GARY K. SCHUMACHER
Enter name of NEW Registered Agent and/or NEW Registered Office address:

2931 PLUMMER COVE ROAD

NEW Registered Office Address:

JACKSONVILLE, FL 32223

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

GARY K. SCHUMACHER
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00