

L11 000008804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

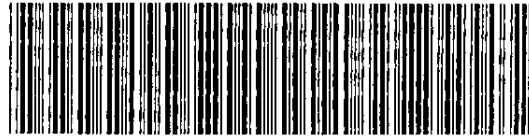
Special Instructions to Filing Officer

A. LUNT

JUN 22 2010

EXAMINER

Office Use Only



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2011 JUN 21 PM 5:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 3, 2011

GARRETT D. GOGGIN
3500 GALT OCEAN MILE #1601
FT. LAUDERDALE, FL 33308

SUBJECT: AIRGEADFAS LLC
Ref. Number: L11000008804

We have received your document for AIRGEADFAS 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 711A00013672

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Airgeadfas 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:

Garrett Goggin
Name of Person

Airgeadfas LLC
Firm/Company

3500 Galt Ocean Drive #1601
Address

FT Lauderdale FL 33308
City/State and Zip Code

garrettgoggin@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Garrett Goggin at (508) 662 1250
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

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TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: Angelgas LLC
2. (a) Principal office address of limited liability company: 3500 Galt Ocean Dr
1601
FT Lauderdale FL 33308
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: 3500 Galt Ocean Dr
#1601
FT Lauderdale FL 33308
L11000008904
(Note: MAY BE POST OFFICE BOX)
3. Date of filing/registration in Florida: 2011
4. Document number

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

Registered Agent:

US Corporate Agents

Registered Office Address:

13302 Winding Oaks

Suite A

Tampa FL 33612

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

NEW Registered Agent:

Garrett D Gossin

NEW Registered Office Address:

3500 Galt Ocean Dr

(MUST BE FLORIDA STREET ADDRESS)

1601

FT Lauderdale

FL 33308

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 of a member or authorized representative of a member

Garrett D Gossin

Printed or typed name of signee

Garrett D Gossin

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 608, 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 of Registered Agent

Garrett D Gossin

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
JUN 21 PM 5:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE