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C. LEWIS

JUN 2 2014

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: PROPANE PITS TO P OF FLORIDA 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:					
OENNIS KROUSE Name of Person					
PROPANE PITSOF. OF FLORIDA LIC					
3851 ALLEN ROAD Address					
ZEPHYRHILLS, FL. 33541 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
DENNIS KROUSE at (813) 394-4536 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 \$\simega\$ \$55 Filing Fee & Certified Copy					
INHS18 (2/14)					

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.	Na	me of the limited liability company: PRO PANE	PITSTO	OP OF FL	ORIDA LL	<u>-(-</u>		
2.	(a)		_ (b) _					
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			-		
		37509 STATE ROAD 54		3851 A	ALLEN RA	٥,		
		ZEPHYRHILLS, FL. 33542		ZEPHYRH	IILLS, FL.	335c	/	
		2-28-14		L 11000	033176			
3.		Date of filing/registration in Florida	4.	Docum	nent number			
5.	(a)	WITEO STATES CORPORTION Registered Agent and Registered Office shown on the records of the						
		Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)	 -				
		13302 WINDING DAK GO	URT					
		TAMPA, , FL_	336	12		Re E	14	
							HAY	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered O	office addre	<u>ss</u> :			191	
		DENNIS KROUSE	·			1) (1) 1) 1) (1)	P# 1: 4	[-" ",
		NEW Registered Office Address:				12	ā	
		3851 ALLEN ROAD						
		ZEPHXRHILLS ,FL.	3 <i>35</i> 4	1/_				
the age wa the	cha ent we s/we arti	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab tree authorized by an affirmative vote of the members of class of organization or the operating agreement of the limited liability.	he register pility comp the limited imited liab	red office and the pany, it is hereby d liability company.	e business office y confirmed that	e of the reg t the chang vise provid	gistered ge(s)	-
	_	by accept the appointment as registered agent and agree					vith the	
the	obl.	ons of all statutes relative to the proper and complete points of all statutes relative to the proper and complete points of my position as registered agent as provided by reflect a change in the registered office address, I he is change of this change.	erformand for in Cha ereby conf	ce of my duties, in the control of t	and I am familio Or, if this docum ited liability com	r with and nent is beir npany has	l accept 1g filed been	
		re of Registered Agent						