

L11000059537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

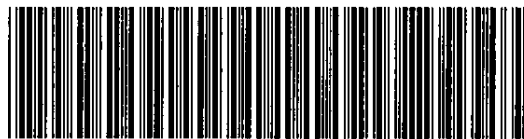
(Business Entity Name)

(Document Number)

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2014 JAN 30 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB -3 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Automasters of SW 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:

Dean Cohen

Name of Person

Automasters of SW Florida LLC
Firm/Company

13990 Lake Mahogany Blvd
Address

Ft Myers FL 33907
City/State and Zip Code

DCohen08@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dean Cohen

Name of Person

at (239) 728-8881

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, 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: AUTOMASTOR OF SW FLORIDA LLC
2. (a) Principal office address of limited liability company: 13990 LAKE MAHOGANY BLVD UNIT 2214
(Note: **MUST BE STREET ADDRESS**) FT MYERS FL 33907
- (b) Mailing address of limited liability company: 13990 LAKE MAHOGANY BLVD UNIT 2214
(Note: **MAY BE POST OFFICE BOX**) FT MYERS FL 33907
- 5/19/2011 3. Date of filing/registration in Florida L11000059537 4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: SUSAN HOLLY CPA PA
Registered Office Address: 8801 MAPLE GLEN CIR
FT MYERS, FL 33912
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: DEAN COHEN
NEW Registered Office Address: 13990 LAKE MAHOGANY BLVD
(**MUST BE FLORIDA STREET ADDRESS**) UNIT 2214
FORT MYERS, FL 33907

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.

Dean Cohen
Signature of a member or authorized representative of a member

DEAN COHEN
Printed or typed name of signee

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.

Dean Cohen
Signature of Registered Agent

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

FILED
JAN 30 PM 1:08
TALLAHASSEE, FLORIDA
SECRETARY OF STATE