

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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OCT 1 A 2011 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Automobil Dreams Name of	and Transportation Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Heiko Mullet Name of Person	
Automobil Oveams and Firm/Company	Transportation
10921 Wells Road #4	
Tout Myers, FL 33908 City/State and Zip Code	
hmusa 1972 @ gmail E-mail address: (to be used for future annual r	con
For further information concerning this matter, plea	se call:
Herbo Herter a	Area Code & Daytime Telephone Number
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

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.

` _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Note: MAY BE POST	liability con	npany:
	06 / 13 / 2011	_		110000687	'J6	
•	Date of filing/registration in Florida	4.		Document number		
(a)	Heile Huller					
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta	te:		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)		-	16	·.
	27431 Pollard Dr			_	30	
	Bonita Springs ,FL	. 341	15	_	I	iga Gara Lagra
(b)	Heile Haller				PH	25 m
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:		1:03	SIAR SIAR
	NEW Registered Office Address:			_		
	10921 Welly Road #4			_		
	Fort Myers ,FL	33	908			
chai ent w is/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the regis ability co of the lim	tered office mpany, it ited liabilitability con	te and the business off is hereby confirmed the ty company or as othe mpany.	ice of the lat the cha rwise prov	registered inge(s)
	flor		flow	Printed or typed name of		
ignati	ure of a member or authorized representative of a member			Printed or typed name of pacity. I further agree	signee	

Signature of Registered Agent