

L12000003155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

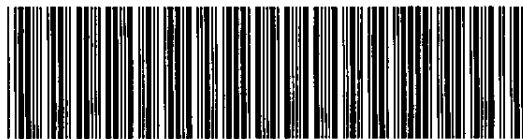
(Business Entity Name)

(Document Number)

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15 MAY 12 AM 7:44  
SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS

C.L. 9-15

# HALIFAX LAW GROUP

## A Private Law Firm

Telephone: (386) 492-4880  
Facsimile: (386) 492-6051

444 SEABREEZE BOULEVARD, SUITE 910  
DAYTONA BEACH, FL 32118

office@halifaxlawgroup.com  
www.halifaxlawgroup.com

Send all correspondence to:  
POST OFFICE BOX 9357  
DAYTONA BEACH, FL 32120-9357

May 11, 2015

**ORIGINAL VIA FED EX**

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

RE: Case Name : Mountain Vehicle Service, LLC  
Matter No. : 8122.0004

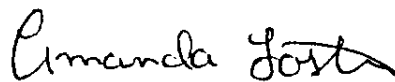
Dear Sir or Madam:

Enclosed please find the following:

1. Check # 7547, in the amount of \$25.00, made payable to Division of Corporations, representing the associated filing fee for change of Registered Agent for Mountain Vehicle Service, LLC.

Please let me know if I may be of further assistance.

Sincerely,



Amanda Foster  
Legal Assistant to Bethany L. Schonsheck

Enclosures

cc: Darold Schonsheck

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MOUNTAIN VEHICLE SERVICE, 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:

SHELBY L. BEST

\_\_\_\_\_  
Name of Person

HALIFAX LAW GROUP

\_\_\_\_\_  
Firm/Company

P.O. BOX 1357

\_\_\_\_\_  
Address

DAYTONA BEACH, FL 32120-9357

\_\_\_\_\_  
City/State and Zip Code

ESERVICES@HALIFAXLAWGROUP.COM

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

For further information concerning this matter, please call:

SHELBY L. BEST

\_\_\_\_\_  
Name of Person

386

492-4880

at (\_\_\_\_\_) \_\_\_\_\_

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: MOUNTAIN VEHICLE SERVICE, LLC

2. (a) 98 SPINNAKER CIRCLE (b) 98 SPINNAKER CIRCLE

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

SOUTH DAYTONA, FL 32119

SOUTH DAYTONA, FL 32119

1/6/2012

L12000003155

3. Date of filing/registration in Florida

4. Document number

5. (a) DAROLD SCHONSHECK

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

98 SPINNAKER CIRCLE

Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)

SOUTH DAYTONA, FL 32119

(b) DAYTONA REGISTERED AGENTS, LLC

Enter name of NEW Registered Agent and/or NEW Registered Office address:

444 SEABREEZE BLVD., SUITE 910

NEW Registered Office Address:

DAYTONA BEACH, FL 32118

15 MAY 12 AM 7:44  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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.

Darold Schonsheck  
Signature of a member or authorized representative of a member

DAROLD SCHONSHECK, MGR

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