## <u>L1200042994</u>

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TALLAHASSEE, FLORID

## **COVER LETTER**

Division of Corporations
SUBJECT: Express Towing, 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:
W. C. Keith
Name of Person
W. C. Keith & Associates, Inc.
Firm/Company
1722 Staysail Drive
Address
Valrico, FL 33594
City/State and Zip Code
wkwckeith90@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
W. C. Keith <u>at (813 )</u> 653-1968
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
Tallahassee, Florida 32301
The state of the s
Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

## **COVER LETTER**

Registration Section Division of Corporations SUBJECT: Express Towing, 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: W. C. Keith Name of Person W. C. Keith & Associates, Inc. Firm/Company 1722 Staysail Drive Valrico, FL 33594 City/State and Zip Code wkwckeith90@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: W. C. Keith STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy

TO:

## 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.	Nar	ne of the limited liability company: Express Towing, LLC			
2.	(a)	Principal office address of limited liability company:	2116 Jelane Drive	三光	2813
	()	(Note: MUST BE STREET ADDRESS)	Valrico, FL 33594	<u> </u>	<u></u>
				=-	垩
				SSE	4
	(b)	Mailing address of limited liability company:	2116 Jelane Drive		
		(Note: MAY BE POST OFFICE BOX)	Valrico, FL 33594	<del></del>	
				<del>-53</del>	N
				콜목	
-	27/201		L12000042994	<u></u>	
3.	Dat	e of filing/registration in Florida	Document number		
5.	(a)	Registered Agent and Registered Office shown on the Registered Agent:	ne records of the Florida Dept. o	of State:	
		Registered Office Address:	7350 S. Tamlami Trail		
			Suite 52 Sarasota, FL 34231		
			3a/a30/a, / L 3423 /	<del> </del>	
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W. C. Keith		
		NEW Registered Office Address:	1722 Staysail Drive		
		(MUST BE FLORIDA STREET ADDRESS)	Malala	CI 22504	
			Valrico ,l	FL_33594	
co an lia the	nfirr d the bilit e me e ope	imited liability company is not organized under the lamed that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise erating agreement of the limited liability company.	orida street address of the registed cal. Or, in the case of a Florida	ered offic limited	
		ward Gray or typed name of signee	-		
		by accept the appointment as registered agent and as which the provisions of all statutes relative to the pro- im familiar with and accept the obligations of my pos er 608, F.S. Or, if this document is being filed to mer as, I hereby confirm that the limited liability company	gree to act in this capacity. I fur per and complete performance ition as registered agent as pro ely reflect a change in the regis has been notified in writing of t	rther agr of my du vided for tered off this char	ree to ties, r in lice lige.

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