

L12000044491 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

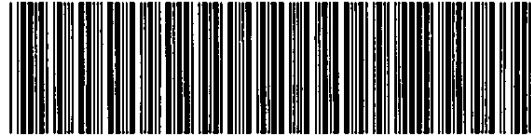
(Business Entity Name)

(Document Number)

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2013 JUL -2 PM12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL -3 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Address change for Allen's Complete Automotive Repair, 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:

Joyce M Pyle

Name of Person

Allen's Complete Automotive Repair, LLC

Firm/Company

1012 S. Sanford Ave

Address

Sanford, FL 32773

City/State and Zip Code

joycepyle@hotmail.com

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

For further information concerning this matter, please call:

Joyce M Pyle

Name of Person

at (407) 302-1524

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

was submitted with 1st request.

FILED
2013 JUL -2 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. Name of the limited liability company: Allen's Complete Automotive Repair, LLC

2. (a) Principal office address of limited liability company: 1012 S. Sanford Ave.
Sanford, FL 32773
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 1012 S. Sanford Ave.
Sanford, FL 32773
(Note: MAY BE POST OFFICE BOX)

L12000046491

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Allen R Pyle Jr

Registered Office Address: 1211 E. 26th Place, Bldg 407
Sanford, FL 32773

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

NEW Registered Agent: Allen R Pyle Jr.

NEW Registered Office Address: 1012 S. Sanford Ave.
(MUST BE FLORIDA STREET ADDRESS) Sanford FL 32773

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.

Allen R Pyle Jr
Signature of a member or authorized representative of a member

Allen R Pyle
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 608, 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.

Allen R Pyle Jr
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2013

JOYCE M. PYLE
ALLEN'S COMPLETE AUTOMOTIVE REPAIR, LLC
1012 S. SANFORD AVENUE
SANFORD, FL 32773

SUBJECT: ALLEN'S COMPLETE AUTOMOTIVE REPAIR, LLC
Ref. Number: L12000046491

FILED
2013 JUL -2 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ALLEN'S COMPLETE AUTOMOTIVE REPAIR, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only one Registered Agent is Required, please adjust your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 313A00014930