

L12000051364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

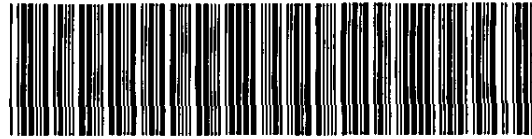
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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C. CARROTHERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2014

TRANSMISSION PARTS LLC
8473 BRITTANIA DRIVE
FORT MYERS, FL 33912 US

SUBJECT: TRANSMISSION PARTS LLC
Ref. Number: L12000051364

We have received your document for TRANSMISSION PARTS LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 814A00013128

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRANSMISSION PARTS 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:

JAMES FREED

Name of Person

TRANSMISSION PARTS LLC

Firm/Company

2715 ORAG STREET

Address

FORT MYERS, FL 33901

City/State and Zip Code

JIM FREED @ COMPAST.NET

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

For further information concerning this matter, please call:

JAMES FREED

Name of Person

at (239) 332-5454

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

SEE NOTE

☐ \$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 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: TRANSMISSION PARTS LLC

2. (a) Principal office address of limited liability company: 2715 CRAG STREET
FORT MYERS, FL 33901
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: SAME
(Note: MAY BE POST OFFICE BOX)

04-16-2012
3. Date of filing/registration in Florida

L12000051304
4. Document number

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

Registered Agent: UNITED STATES CORPORATION AGENTS, INC

Registered Office Address: 13302 WINDING OAK COURT
SUITE A
TAMPA, FL 33612

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

NEW Registered Agent: JAMES FREED

NEW Registered Office Address: 8473 BRITANIA DRIVE
(MUST BE FLORIDA STREET ADDRESS) FORT MYERS, FL 33912

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.


(Signature of a member or authorized representative of a member)

JAMES FREED
(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.


(Signature of Registered Agent)

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

FILED
-9
MAY 10 2012
CLERK OF THE DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA