

L12000100722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

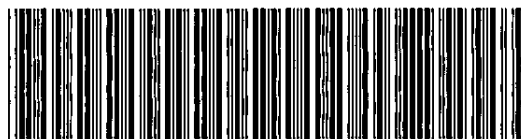
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

*[Handwritten signature]*

J. BRYAN

NOV 27 2012

EXAMINER

NO \$

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Wilcar 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:

Greg Murray

Name of Person

Firm/Company

2229 Dove Hollow Dr

Address

Spring Hill, FL 34606

City/State and Zip Code

murraygregw@yahoo.com

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

For further information concerning this matter, please call:

Greg Murray

Name of Person

at ( 813 ) 368-9412

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

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 13, 2012

GREG MURRAY  
2229 DOVE HOLLOW DR  
SPRING HILL, FL 34606

SUBJECT: WILCAR L.L.C.  
Ref. Number: L12000100722

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2012 NOV 26 AM 8:11  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

We have received your document for WILCAR L.L.C., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Joey Bryan  
Regulatory Specialist II

Letter Number: 512A00027355

**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: Wilcar LLC

2. (a) Principal office address of limited liability company: 2229 Dove Hollow Dr  
Spring Hill, FL 34606  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: 2229 Dove Hollow Dr.  
Spring Hill, FL 34606  
**(Note: MAY BE POST OFFICE BOX)**

August 3, 2012

46 0765255

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:

Greg Murray

Registered Office Address:

2158 Feather Sound Dr  
Clearwater, FL 33762

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

**NEW** Registered Agent:

**NEW** Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

2229 Dove Hollow Dr

Spring Hill, FL 34606

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

Greg Murray

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