## 4/2000/40057

(Requestor's Name)	
(Address)	90024
(Address)	
(City/State/Zip/Phone #)	ş ·
PICK-UP WAIT MAIL	12/03/12-011
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
A. LUNT	
DEC - 5 2012	
EXAMINER	

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Collier Parkway Name of Limited L	1 Fuel LLC liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Rudolph J. Krepela	ZBIZBEC -3	
Collier Parkway Fue	JUC FLORIO	
3402 Sheehan Dr. Address		
Land O Lakes, FL 34638 City/State and Zip Code	3	
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Rudolph J. Krepela at (7:	32) 492-4791 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	

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

## 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: Collier Parkway fuel  2. (a) Principal office address of limited liability company: 3402 Sheehan (Note: MUST BE STREET ADDRESS)  (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  (Note: MAY BE POST OFFICE BOX)	DC: PL 34638	
(b) Mailing address of limited liability company: 3403 Sheehan	<u></u>	
(Note: MAY RE POST OFFICE ROX)	۵۲	
11/05/2012 L1200014005  3. Date of filing/registration in Florida 4. Document number	7	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent: Rudolph J. Ki	repela	
Registered Office Address: 3402 Sheehan	,	
Land O Lukes,	FL 3463	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		
NEW Registered Agent: John J. Min	<u>nio</u>	
NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)		
land olakes,		
If the limited liability company is not organized under the laws of the State of Florida, it is confirmed that after the change or changes are made, the Florida street address of the regist and the business office of the registered agent will be identical. Or, in the case of a Florida liability company, it is hereby confirmed that the change(s) was/were authorized by an affir the members of the limited liability company or as otherwise provided in the articles of orge the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  I hereby accept the appointment as registered agent and agree to act in this capacity. I fur comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligations of my position as registered agent as prochapter 608, F.S. Or, if this document is being filed to merely reflect a change in the regist address, I hereby confirm that the limited liability company has been notified in writing of	tered office a limited rmative vote of gaffization or	

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