## L14000021372

(Re	questor's Name)	
(Ad	ldress)	
(Address)		
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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03/10/14--01006--007 \*\*35.00



M. MILLIGAN EXAMINER

APR 1 1 2014



March 25, 2014

AVYON PARTS, LLC 2850 KIRBY CIRCLE NE PALM BAY, FL 32905

SUBJECT: AVYON PARTS, LLC Ref. Number: L14000021372

We have received your document for AVYON PARTS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

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.

Letter Number: 914A00005996

Michelle Milligan Senior Section Administrator

www.sunbiz.org

## **COVER LETTER**

: Registration Section Division of Corporations					
SUBJECT: AVYOW 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:					
Jon R. PLAHUTA  Name of Person					
AUYON PARTS, LLC Firm/Company					
2850 KIRBY CIRCLE NE Address					
PALM BAY FLORIDA 32905  City/State and Zip Code					
JON @SMITMT. COM  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Person at (321) 412 - 4612  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					

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Nan	ne of the limited liability company:	J PARTS.	LLC
2. (a) _	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)	2850 KIRBY CIRCLE NE  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	PALM BAY, FLORIDA 32905		PALMBAY, FLORIDA 32405
_	Date of filing/registration in Florida		L14060021372
3. 5. (a)	SPIEGEL & UTRERA PA.  Registered Agent and Registered Office shown on the records of the	e Florida Dept. of S	Document number  State:
·	Registered Office Address (MUST BE FLORIDA STREET AL	DRESS)	_
(b) _	MIAMI, FLORIDA, FL JON R. PLAHUTA		
	Enter name of NEW Registered Agent and/or NEW Registered O  3850 KIRBY CIRCLE NE  NEW Registered Office Address:  PALM BAY, FLORID A	·	
	•		
the chan agent wi was/wer	nited liability company is not organized under the laws age or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of the of organization or the operating agreement of the liable.	he registered of ility company, the limited liab	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company.
Signatu	re of a hember or authorized representative of a member		Printed or typed name of signee
notijiea /	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete prations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to act in this c erformance of for in Chapter reby confirm th	apacity. I further agree to comply with the ny duties, and I am familiar with and accept 505, F.S. Or, if this document is being filed tat the limited liability company has been
Signature	of Registered Agent		