

L14000065858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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change

05/13/14--01010--014 **25.00

FILED
2014 MAY 13 PM 4:01
TALLAHASSEE, FLORIDA

DR
5/22/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trim Aviation 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:

BRUCE OBERFEST
Name of Person

BRUCE OBERFEST & ASSOCIATES
Firm/Company

287 KING STREET
Address

CHAPPAQUA, NY 10514
City/State and Zip Code

BRUCE@OBERFEST.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANNE LEGGIERO at (914) 238-3800
Name of Person 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

Bruce D. Oberfest & Associates

Tax & Business Consultants

287 King Street
Chappaqua, New York 10514

Tele: (914) 238-3800

Fax: (914) 238-3138

May 6, 2014

Florida Dept. Of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Trim Aviation LLC
Document No.: L14000065858

Dear Sir/Madam:

Our above-named client is requesting a Change of Registered Agent. We are enclosing the following for this change:

1. Cover Letter
2. Statement of Change of Registered Agent for Limited Liability Company which has been executed.
3. Check in the sum of \$25 as and for the filing fee.

We would appreciate your processing this matter as soon as possible. Kindly return all correspondence regarding this change to our office.

Thank you for your assistance.

Sincerely,



Bruce D. Oberfest

BDO:al

Encl.

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**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. Name of the limited liability company: TRIM AVIATION LLC
2. (a) 96 MARTINIQUE AVENUE (b) C/O BRUCE OBERTS
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
TAMPA, FL 33606 287 KING STREET
CHAPPAQUA, NY 10514
4/22/14 L14000065858
3. Date of filing/registration in Florida 4. Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1201 Hays Street

Tallahassee, FL 32301

- (b) WILLIAM HETTINGER
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

96 MARTINIQUE AVENUE

TAMPA, FL 33606

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.

(X) [Signature]
Signature of a member or authorized representative of a member

WILLIAM R. HETTINGER
Printed or typed name of signer

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 605, 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 Corporation Service Company BY:

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