L14000083945

(Reque	stor's Name)				
(Addres	ss)				
(Addres	SS)				
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Busine	ess Entity Name)				
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					
		<u>.</u>			

Office Use Only



500273053045

05/26/15--01003--010 **10.00

05/26/15--01003--008 **25.00

15 JUN - 1 PM 2: 0

6-9-15 C LEWIS



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 29, 2015

IVAN BOTTINO / BIG BANG TOWING 1080 CYPRESS PKWY KISSIMMEE, FL 34759 US

SUBJECT: BIG BANG TOWING Ref. Number: L14000083945

LLC

We have received your document for BIG BANG TOWING 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).

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

Carolyn Lewis
Regulatory Specialist II

Letter Number: 515A00011285

Page: 2 of 4 06/9/2015 ONE #7865377285

10:29 AM

TO:18502456897 FROM: Daniel Bottino

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Big Bang Towing			
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:		
Ivan Bottino			
Name of Person			
- H			
4			
Firm/Company			
1080 Cypress Parkway			
Address			
Kissimmee,FL 34759			
City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
ibottino@yahoo.com .			
E-mail address: (to be used for future annua	l report notification)		
For further information concerning this matter, pl	ease call:		
Mayte Piloto	407 715-4935		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassaa Florida 32314		
Tallahassee, Florida 32301	Taliahassee, Florida 32314		
Enclosed is a check for the following as	mount:		
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		
INHS18 (2/14)			

06/9/2015 10:29 AM

OT MA P

TO: 18502456897

FROM: Daniel Bottino

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. 1	Name of the limited liability company: Big Bang To	wing	LLC	<u>.</u>	
2. (a	\		(b)		
2. (2	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	1080 Cypress Parway				
	Kissimmee FL 34759				
	05/23/2014		L14000	0083945	
3.	Date of filing/registration in Florida	4.	•	Document number	
5. (a	.).				
J. (c	Registered Agent and Registered Office shown on the records of	f the Flor	ida Dept. of S	itate:	
	Ivan Bottino				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	ZSS)	_	
	1080 Cypress Parkway PMB # 1134				
	Kissimmee	3475	59	_	귥
	, FI	L <u>•</u>			N. N.
(b					
(5	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office	address:	_	1
	lvan Bottino				PH
	NEW Registered Office Address:				$\ddot{\aleph}$
	1080 Cypress Parkway				07
	Kissimmee _{FI}	L_3475	59		
the clagent was/1	limited liability company is not organized under the la hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited is were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	iws of the re lability of the le limite	he State of gistered off company, i imited liabi	fice and the business office of the registered it is hereby confirmed that the change(s) lity company or as otherwise provided in company.	
	nature of a member or authorized representative of a member	-		Printed or typed name of signee	
	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, lied in writing of this ohange.	ree to de perfor ed for i hereby	act in this c rmance of n n Chapter (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 at the limited liability company has been	
Signa	ture of Registered Agent				

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

INHS18 (2/14)