

L14000096228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

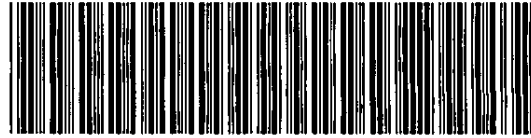
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000266181400

11/20/14--01011--010 **35.00

FILED
14 DEC 22 AM 4:44
Filing Office

LLC
RA Chang

12-22-14

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2014

GAIL STOLL
PILIN FLEET MANAGEMENT (FLORIDA), LLC
571 SW 178 WAY
PEMBROKE PINES, FL 33029

SUBJECT: PILIN FLEET MANAGEMENT (FLORIDA), LLC
Ref. Number: L14000096228

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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) 245-6050.

Darlene Connell
Regulatory Specialist III

Letter Number: 414A00025778

RECEIVED
14 DEC 22 PM 1:43
DIVISION OF STATE
REGISTRATION & CORPORATIONS
TALLAHASSEE, FLORIDA

See response attached

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pilin Fleet Management (Florida) 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:

Gail Stoll
Name of Person

Pilin Fleet Management (Florida) LLC
Firm/Company

571 Sw 178th Way
Address

Pembroke Pines, FL 33029
City/State and Zip Code

gailstoll@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gail Stoll at (786) 473-9033
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

INHS18 (2/14)

\$35. Fee was already sent. Please refund
the \$10 to Gail Stoll.

**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: Pilin Fleet Management (Florida), LLC

2. (a) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

571 SW 178th Way
Pembroke Pines, FL 33029

(b) _____

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

571 SW 178th Way
Pembroke Pines, FL 33029

3. 6/16/2014
Date of filing/registration in Florida

4. L14000096228
Document number

5. (a) Incorp Services Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

17888 6th Court North
Loxahatchee, FL 33470

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

571 SW 178th Way
NEW Registered Office Address:

Pembroke Pines, FL 33029

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

Robert Padilla Manager
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]
Signature of Registered Agent

12/17/2014