

L15000045259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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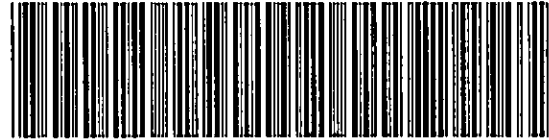
(Business Entity Name)

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A. RAMSEY

DEC 22 2021

2021 DEC -7 AM 9:52  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

FILED

A. RAMSEY  
DEC 22 2021

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LEHMAN AUTOMOTIVE MANAGER, 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:

Aaron J. Weisman, Esq.

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

20950 NW 2nd Avenue

\_\_\_\_\_  
Address

Miami Gardens, Florida 33169

\_\_\_\_\_  
City/State and Zip Code

aweisman@lehmanautoworld.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

## 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: LEHMAN AUTOMOTIVE MANAGER, LLC

2. (a) 21400 NW 2ND AVE M IAMI GARDENS, FL 33169 (b) 21400 NW 2ND AVE M IAMI GARDENS, FL 33169

Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:  
 (Note: MAY BE POST OFFICE BOX)

03/18/2015

1.15000048259

3.	Date of filing/registration in Florida	4.	Document number
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5. (a) Cheryl Wilke

Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

110 S.E. 6th Street, Suite 2600

Fort Lauderdale FL 33301

(b) Aaron J. Weisman, Esq.

Enter name of NEW Registered Agent and/or NEW Registered Office address.

**NEW** Registered Office Address:

20950 NW 2nd Avenue

Miami Gardens, FL 33169

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

Printed or typed name of signee

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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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FBI