

U5000082057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 20, 2018

NELSON C CITTA  
4989 SE OCTOBER RD  
LAKE CITY, FL 32025

SUBJECT: SPRINGER'S GARAGE, LLC  
Ref. Number: L15000082057

We have received your document for SPRINGER'S GARAGE, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Brittany M Figueroa  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 718A00005623

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Springer's Garage  
\_\_\_\_\_  
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:

Nelson C.. Citta  
\_\_\_\_\_  
Name of Person

Springer's Garage  
\_\_\_\_\_  
Firm/Company

4989 SE October Road  
\_\_\_\_\_  
Address

Lake City, Florida 32025  
\_\_\_\_\_  
City/State and Zip Code

klhcitta@yahoo.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Citta at ( 352 ) 3178342  
\_\_\_\_\_  
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

**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: Springer's Garage

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
4989 SE October Road  
Lake City, FL 32025

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
4989 SE October Road  
Lake City, FL 32025

3. May 12, 2015 Date of filing/registration in Florida

4. L15000082057 Document number

5. (a) United States Corporation Agents, INC  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
suite A

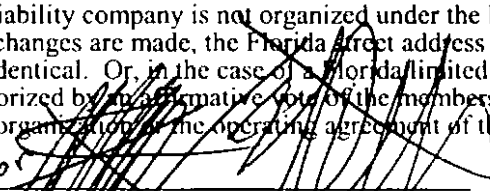
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
13302 Winding Oak Court  
Tampa, FL 33612

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

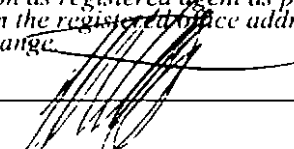
Karen L. Citta  
NEW Registered Office Address:  
4989 SE October Road  
Lake City, FL 32025

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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.

*error*  ← Nelson C. Citta  
 Signature of a member or authorized representative of a member 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