

U5000082057

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(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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CC: 22



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

RECEIVED

2018 APR 13 AM 11:24

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

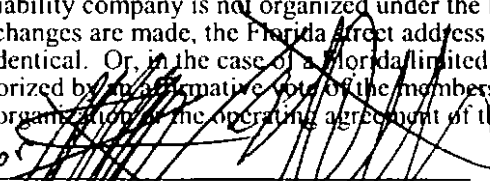
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
13302 Winding Oak Court
Tampa, FL 33612

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

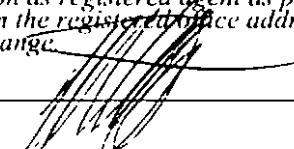
Karen L. Citta
NEW Registered Office Address:
4989 SE October Road
Lake City, FL 32025

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 2018 APR 13 AM 8:42
 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