

L150000165250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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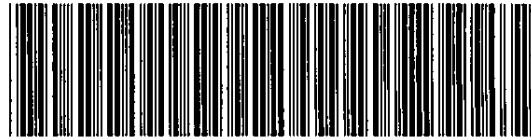
(Business Entity Name)

(Document Number)

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2016 SEP 26 AM 11:04  
TALLAHASSEE, FLORIDA

FILED  
16 SEP 26 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
SEP 28 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SMARTREPAIR LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ALEXANDRU FARCAS

(Contact Person)

SMARTREPAIR LLC

(Firm/Company)

8355 OKEECHOBEE BLVD APT 205

(Address)

WEST PALM BEACH / FL 33411

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEXANDRU FARCAS

(Name of Contact Person)

at ( 561 ) 319 0306

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

### 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

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**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: SMARTREPAIR LLC
2. (a) 8855 OKEECHOBEE BLVD APT 205 (b) 8855 OKEECHOBEE BLVD APT 205  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)  
WEST PALM BEACH/FL 33411 WEST PALM BEACH/FL 33411
3. 09/28/2016 4. L15000165250  
Date of filing/registration in Florida Document number

5. (a) GABRIEL FARCAS  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

8855 OKEECHOBEE BLVD APT 205  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

WEST PALM BEACH, FL 33411

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

NEW Registered Office Address:

\_\_\_\_\_, FL \_\_\_\_\_

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

GABRIEL FARCAS  
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

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