

L15000174 928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

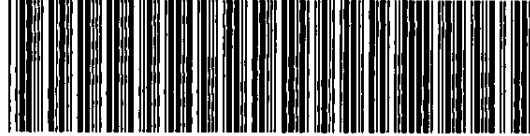
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/05/16--01012--018 **25.00

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16 DEC 30 PM 1:05
TALLAHASSEE, FLORIDA

JAN 05 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 15, 2015

MANUEL RUBINSZTEIN
5421 EDGEWATER DR
ORLANDO, FL 32810 US

SUBJECT: CAR'S TRADE CENTER, LLC
Ref. Number: L15000174928

We have received your document for CAR'S TRADE CENTER, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 915A00026268

RECEIVED
DEC 30 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAR'S TRADE CENTER, 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:

MANUEL RUBINSZTEIN
Name of Person

CAR'S TRADE CENTER, LLC
Firm/Company

5421 EDGEWATER DR.
Address

ORLANDO/FL 32810
City/State and Zip Code

CARSTRADecENTERFL@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MANUEL RUBINSZTEIN at (407) 930-5052
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: CAR'S TRADE CENTER, LLC

2. (a) 5421 EDGEWATER DR (b) 5421 EDGEWATER DR
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

ORLANDO/FL 32810

ORLANDO/FL 32810

3. 10/14/2015 4. L 15000174928
Date of filing/registration in Florida Document number

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

11603 NW 89 STREET #106
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

DORAL

DORAL, FL 33178

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

5421 EDGEWATER DR
NEW Registered Office Address:

ORLANDO, FL 32810

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.

MANUEL RUBINSZTEIN
Signature of a member or authorized representative of a member

MANUEL RUBINSZTEIN
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.

MANUEL RUBINSZTEIN
Signature of Registered Agent

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CAR'S TRADE CENTER, LLC
Name of Corporation

DOCUMENT NUMBER: L15000174928

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MANUEL RUBINSZTEIN

Name of Contact Person

CAR'S TRADE CENTER, LLC

Firm/Company

5421 EDGEWATER DR

Address

ORANDO, FL 32810

City/State and Zip Code

manuel.rubinsztein@gmail.com

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

For further information concerning this matter, please call:

MANUEL RUBINSZTEIN

Name of Contact Person

at 407 6075203

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CAR'S TRADE CENTER, LLC
2. The principal office address: 11603 NW 89 STREET #106
DORAL, FL 33178
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/14/2015 Document number: L15000174928

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

MANUEL RUBINSZTEIN
11603 NW 89 STREET #106
DORAL, FL 33178

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):


MANUEL RUBINSZTEIN
5421 EDGEWATER DR
P.O. Box NOT acceptable
ORLANDO, FL 32810

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 MANUEL RUBINSZTEIN CEO
Signature of an officer or director Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

 11/04/15
Signature of Registered Agent Date

If signing on behalf of an entity:

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *