

L15000186698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

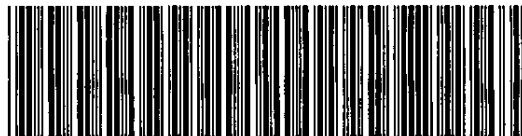
(Document Number)

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FILED

2016 AUG 18 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
AUG 19



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 15, 2016

NANCY COGHILL  
133 SE 18TH AVE.  
DEERFIELD BEACH, FL 33441

SUBJECT: XTREME FAT TIRE BIKES, LLC  
Ref. Number: L15000186698

We have received your document for XTREME FAT TIRE BIKES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 816A00007870

ATTN: KAREN SALY

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: XTRME FAT TIRE BIKES, 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:

THOMAS E COGHILL  
Name of Person

XTRME FAT TIRE BIKES, LLC  
Firm/Company

1820 SE 3RD ST. #8  
Address

DEERFIELD BEACH, FL 33441  
City/State and Zip Code

Tommi1447@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS COGHILL at (757) 635-5160  
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:

ALREADY FILED

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2016 AUG 18 PM 1:16  
TALLAHASSEE, FLORIDA

*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.*

- DEERFIELD BEACH, FL      DEERFIELD BEACH, FL  
33441      33441

5. (a) COGHILL THOMAS, SR  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

133 SE 18th Ave  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Deerfield Beach, FL  
FL 33441

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

COGHILL, THOMAS E. JR  
NEW Registered Office Address:  
133 SE 18<sup>th</sup> Ave  
Deerfield Beach, FL 33441

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

THOMAS E. COGILL, JR.  
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**

NHS18 (2/14)

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2016 AUG 18 PM 3:09  
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