

L15 000198239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900296027879

02/27/17--01027--009 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 MAR 15 AM 10:29

MAR 16 2017  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Duffy Auto Enterprise

\_\_\_\_\_  
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:

John Scotella

\_\_\_\_\_  
Name of Person

Duffy Auto Enterprise llc d/b/a/ A-One Auto Detail

\_\_\_\_\_  
Firm/Company

7206 St Rt 54

\_\_\_\_\_  
Address

New Port Richey, Fl 34653

\_\_\_\_\_  
City/State and Zip Code

jscotella123@gmail.com

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

For further information concerning this matter, please call:

John Scotella

at ( 727 )

264-8693

\_\_\_\_\_  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2017

JOHN SCOTELLA  
7206 ST RT 54  
NEW PORT RICHEY, FL 34653

SUBJECT: DUFFY AUTO ENTERPRISE, L.L.C  
Ref. Number: L15000198239

We have received your document for DUFFY AUTO ENTERPRISE, L.L.C 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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 617A00004036

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 MAR 15 AM 10:29

RECEIVED  
2017 MAR 15 PM 12:43  
TALLAHASSEE, FLORIDA

**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: Duffy Auto Enterprise, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

7206 St Rt 54

New Port Richey, fl 34653

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

7206 St Rt 54

New Port Richey fl 34653

Dec 4 2015

L15000 198239

3. Date of filing/registration in Florida

4. Document number

5. (a) Kathleen Mark

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

14726 via estrella, Tampa Fl 33626

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

14726 via estrella pl

tampa, FL 33626

(b) John Scotella

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.

John Scotella  
Signature of a member or authorized representative of a member

John Scotella  
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.*

John Scotella  
Signature of Registered Agent

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 MAR 15 AM 10:29