L15000 212 658

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #	9)
PICK-UP	WAIT .	MAIL
(Bu	siness Entity Name)
(Document Number)		
Certified Copies	_ Certificates o	f Status
Special Instructions to Filing Officer:		

Office Use Only



300281820353

02/19/16--01010--029 **25.00

FILED

16 FEB 19 PM 12: 15

SECHETARY OF STATE
AND ANASSPE, FLORID.

FEB 2 2 2016 J. HARRIS

COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations			
SUBJECT: GASROM 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:			
MTCHAEL KINSK Name of Person			
GASROM LLC Firm/Company			
226 FARNHAM J Address			
DEERFIELD BEACH FL 33063 City/State and Zip Code			
PETEP. BANK @ MAIL. RU E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
MICHAEL KINSKY at (954) 709-4628			
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
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.

	CACDAM	110
l. Na	me of the limited liability company:	
2. (a)	6987 Charlotte (1 (b)	The Same
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MARGATE FL	1.000
	<u> 33063</u>	
	, , , , , , , , , , , , , , , , , , , ,	
	December 24, 2015 L15	000 212658
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	ROMAN GASIUK	
· (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	- e:
	Fle SAME	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	-
		TAS 1
		- EG T
	, FL	matrian matria
(b)	MICHAEL KINSKY	SAN TO
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	PH 12: 15 OF STATE FE, FLORID
		SI Si
	226 FARNHAM J	- Ref. 15
	NEW Registered Office Address:	>
	SEERFIELD BEACH	-
	20/10	
	<u>33442</u> , FL	-
	mited liability company is not organized under the laws of the State of Flo	
	nge or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is	
was/we	re authorized by an affirmative vote of the members of the limited liabilit Gles of organization or the operating agreement of the limited liability con	y company or as otherwise provided in
uic ai ii		
Signat	ure of a member or authorized representative of a member	Printed or typed name of signee
I hereb		-
provision the obli	y accept the appointment as registered agent and agree to act in this cap ons of all statutes relative to the proper and complete performance of my gatjons of my position as registered agent as provided for in Chapter 605 ly reflect a change in the registered office address, I hereby confirm that	duties, ånd I am familiar with ånd accept i. F.S. Or. if this document is being filed
to mere	ly festect a change in the registered office address, I hereby confirm that If yvriting of this change.	the limited liability company has been
الدير الما	& Keashie	
Signatur	e of Registered Agent	