

L16000147136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

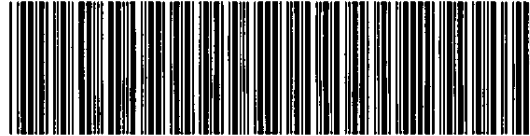
(Document Number)

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2016 SEP 14 P 3:15
CLERK OF STATE
TALLAHASSEE, FLORIDA

S Warren

SEP 15 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2016

TIMOTHY KIFFER
1221 SE MENDAVIA AVE
PORT ST LUCIE, FL 34952

SUBJECT: AUTO EXPERTS OF STUART, L.L.C.
Ref. Number: L16000147136

We have received your document for AUTO EXPERTS OF STUART, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 316A00018587

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Auto Experts of Stuart 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:

Timothy Kiffer
Name of Person

Auto Experts of Stuart LLC
Firm/Company

909 Johnson Ave
Address

Stuart FL 34994
City/State and Zip Code

timmyms7@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy Kiffer at (772) 7083511
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:

Auto Experts of Stuart LLC

2. (a)

Principal office address of limited liability company:

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

1221 SE Mendavia Ave
Port St Lucie, FL 34952

(b)

Mailing address of limited liability company:

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

Aug 1st 2016

3. Date of filing/registration in Florida

L16000147136

4. Document number

5. (a)

Timothy Kiffer

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1221 SE Mendavia Ave

(b)

Port St. Lucie, FL 34952

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

909 Johnson Ave

Stuart

FL

34994

2016 SEP 14 P 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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]
Signature of a member or authorized representative of a member

Timothy Kiffer
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]
Signature of Registered Agent