

217000028739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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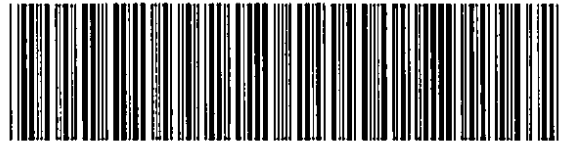
(Business Entity Name)

(Document Number)

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18 AUG 29 PM 2:10

CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PINELLAS COUNTY TOWING AND RECOVERY 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:

Benjamin D Creamer

Name of Person

PINELLAS COUNTY TOWING AND RECOVERY LLC

Firm/Company

13601 66th St N Suite C

Address

Largo FL 33771

City/State and Zip Code

pinellascountytowingrecovery@gmail.com

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

For further information concerning this matter, please call:

Benjamin Creamer

Name of Person

at ( 727 )

612-5123

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: PINELLAS COUNTY TOWING AND RECOVERY LLC
2. (a) PINELLAS COUNTY TOWING & RECOVERY (b) PINELLAS COUNTY TOWING & RECOVERY

Principal office address of limited liability company:

*(Note: MUST BE STREET ADDRESS)*

13601 66th St N Suite C

Largo FL 33771

Mailing address of limited liability company:

*(Note: MAY BE POST OFFICE BOX)*

13601 66th St N Suite C

Largo FL 33771

2/6/2017

17000028739

3. Date of filing/registration in Florida 4. Document number

5. (a) CREAMER, BENJAMIN D

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

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

11990 67TH WAY NORTH

Largo, FL 33773

- (b) CREAMER, BENJAMIN D

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

NEW Registered Office Address:

13601 66th St N Suite C

Largo, FL 33771

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.

Benjamin D Creamer

Signature of a member or authorized representative of a member

Benjamin D Creamer

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.*

Benjamin D Creamer

Signature of Registered Agent

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18 AUG 29 PM 2:10  
TALLAHASSEE, FLORIDA