

L17000224475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

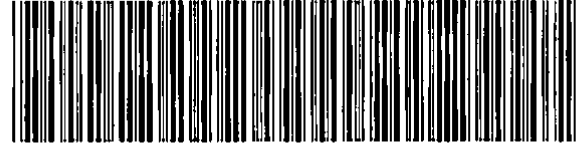
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

New Agent must sign

Office Use Only



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19 AUG 12 PM 2:30

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AUG 21 2019
D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Tire Pit, 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:

Brett Lyons

Name of Person

Firm/Company

46 Egret Trail

Address

Palm Coast, Florida 32164

City/State and Zip Code

lyonbrett@gmail.com

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

For further information concerning this matter, please call:

Robert Cuff

386-445-2677

Name of Person

at (_____) _____

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

19 AUG 12 PM 2:30



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2019

BRETT LYONS
46 EGRET TRAIL
PALM COAST, FL 32164

SUBJECT: THE TIRE PIT LLC
Ref. Number: L17000224475

We have received your document for THE TIRE PIT 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 New Registered Agent must sign the acceptance statement.

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 419A00014769

RECEIVED
2019 AUG 12 AM 11:24

**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: The Tire Pit, LLC

2. (a) 2270 S. U.S. 1, Bunnell, Florida 32110 (b) Same

Principal office address of limited liability company:

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

Bunnell, Florida 32110

Mailing address of limited liability company:

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

November 1, 2017

L17000224475

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

5. (a) Bruce Bruce

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

2270 S. U.S. 1

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

Bunnell, FL 32110

(b) Brett Lyons

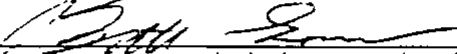
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Same as current Registered 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.


Signature of a member or authorized representative of a member

Brett Lyons

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

19 AUG 12 PM 2:30