## L17000241058

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(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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NOV 1 9 2018 D CUSHING

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COVER LETTER	
TO: Amendment Section Division of Corporations	
SUBJECT: Change Registered Agent	
DOCUMENT NUMBER: Pinewood Pros, LLC	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Joe Gargiulo	
Name of Contact Person	
Pinewood	
5821 Hidden Willow Ct	
Address Sarasota, FL 34238	छ ्र
City/State and Zip Code	
joegargiulo22@hotmail.com	
E-mail address: (to be used for future annual report notification)	PH Lt:
For further information concerning this matter, please call:	

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000	Jai	giulo	

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Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 7, 2018

JOE GARGIULO PINEWOOD 5821 HIDDEN WILLOW CT SARASOTA, FL 34238

SUBJECT: PINEWOOD PROS, LLC Ref. Number: L17000241058

We have received your document for PINEWOOD PROS, LLC 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, but your entity is a Limited Liability Company. 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) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 518A00023009

DEAR DIANE,

11/19/18

LLC DOLUMENTS ENCLOSED.

PLEASE UPDATE ME AS REGISTERED AGENT AS SOON AS POSSIBLE OF LEGAL FOOM WILL CHARGE ME \$300 ON NOV 22!

THANKS IN ADVANCE FOR YOUR HELP.

WITH BEST REGALDS. Joseph & Darginlo JOSEPH L. GARGIULO 203-209-0017 PINELSOOD PROS LIC.

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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ورزريا مروا يقتحوا متداسة مستريان والا

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. N	ame of the limited liability company: [INELX	of thos	LLC	
2. (a)	5821 HINON WWW CT Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) SAFASOTA, FL 34288	_ (b)		ity company:
3. 5. (a)	Date of filing/registration in Florida		L 17000 2 41 0 5 8 Document number	
.,	Registered Agent and Registered Office shown on the records of th <u>13307</u> WINDING OAK COLLET. Registered Office Address <u>(MUST BE FLORIDA STREET AL</u> <u>TAMPA</u> , FL 33617 <u>TAMPA</u> , FL	A DDRESSI	of State:	51 ADN 91
(b)	JOSEPH L. GARGIULO Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u> <u>5821 HIDDEN WILLOW CT</u> <u>NEW Registered Office Address:</u>	office address:		PH 4: 12
the cha agent v was/we the arti Signa I hereit provisi the obl	SACASOTA , FL_ imited liability company is not organized under the laws inge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the line of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete per ignations of my position as registered agent as provided for the registered agent as provided for the statutes of the registered office address, I her in writing of this change.	of the State te registered ility compan the limited li mited liabilit	of Florida, it is hereby confirmed office and the business office of y, it is hereby confirmed that the ability company or as otherwise y company. JOSEFH L. GARGHULO Printed or typed name of signed	the registered change(s) provided in
Signatu	Division of Corporations• P.O. Bo FILING FEE	x 6327• Tat E: \$25.00	lahassee, FL 32314	

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