

121 000527026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

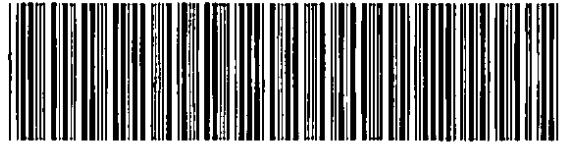
(Business Entity Name)

(Document Number)

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*[Handwritten signature]*

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FIVE STAR AUTO SALE FL 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:

LISCIEJ JEANINE SANCHEZ

Name of Person

Firm Company

4920 21ST PL SW

Address

NAPLES, FL 34116

City/State and Zip Code

LISCIEJJEANINE@HOTMAIL.COM

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

For further information concerning this matter, please call:

LISCIEJ JEANINE SANCHEZ

239

904-0183

Name of Person

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$ 25

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**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: FIVE STAR AUTO SALE FL LLC

2. (a) 4920 21ST PL SW NAPLES, FL 34116 (b) 4920 21ST PL SW NAPLES, FL 34116  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 12/14/2021 4. L21000527026  
Date of filing/registration in Florida Document number

5. (a) 12/14/2021  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
LISCIEEN SANCHEZ

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
4920 21ST PL SW  
NAPLES, FL 34116

(b) LISCIEEN JEANINE SANCHEZ

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

4920 21ST PL SW  
NEW Registered Office Address:  
NAPLES, FL 34116

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2022 JUL 15 PM 12:35  
CLERK OF CIRCUIT COURT  
TALLAHASSEE, 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]  
Signature of a member or authorized representative of a member

Liscieen Jeanine Sanchez  
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