LZZ000292064

(Requestor's Name)			
(Address)			
(Address)			
,			
(City/State/Zip/Phone #)			
(Oity/State/Zip/Filone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
· · · · · · · · · · · · · · · · · · ·			
Certified Copies Certificates of Status			
Certified copies Certificates of Glatus			
<u> </u>			
Special Instructions to Filing Officer:			





200390683232

in Takan (77.22 (**:5.60

FILED
2022 JUL 15 PM 2: 28
FAIL LANGES EEFT LEATHER

COVER LETTER

Division of Corporations	
Mountain Car Sale LLC SUBJECT:	
Name of Limited I	_iability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and	I fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	following:
Martinor Fleury	
Name of Person	••••
Mountain Car Sale LLC	
Firm/Company	
12139 Dorado Dr	
Address	
North Port, Fl 34287	
City State and Zip Code	
mrock_1260/a/yahoo.com	
E-mail address: (to be used for future annual report not	fication)
For further information concerning this matter, please call:	
Martinor Fleury 239	595-2299 V
Name of Person	Area Code & Daytime Telephone Numbe
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 Filling 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.

l. Na	une of the limited liability company: Mountain Car Sa	ile LLC			
. (a)	1949 Grove Ave. Fort Myers FL 33901	(b)	12139 Dorado Dr. North Port FL 34287		
. (8)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	June 28th 2022	 L.:	L22000292064		
	Date of filing registration in Florida	4.	Document number		
i. (a)	Martinor Fleury				
(14)	Registered Agent and Registered Office shown on the records of 12139 Dorado Dr. North Port FL 34287	f the Florida D	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	2		
	12139 Dorado Dr		202		
	North Port , F	L			
(b)	1939 Grove Ave, Fort Myers FU33901		ALLAHASSEELI		
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office addr	dress:		
	1939 Grove Ave, Fort Myers FL 33901		dress: FLORIDA D A TERES TERES		
	NEW Registered Office Address:				
	1939 Grove Ave				
	Fort Myers, F	T33901			
hange gent v vas w	imited liability company is not organized under the lay or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members desired organization or the operating agreement of the	e registered liability com of the limite e limited liab	ed office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided it		
	dure of a member or authorized representative of a member	•	Printed or typed name of signee		
rovis. he obi o mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, law writing of this change.	e performan led för in Ch	ince of my duties, and I am familiar with and acc Thanter 605, F.SOr, if this document is being fi		
A matt	re of Registered Agent				