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DIVISION OF CORPORATIONS
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B. KOHR
FEB 17 2010
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 20, 2010

LES STRACHER, ESQ.
2900 GLADES CIRCLE
SUITE 700
WESTON, FL 33327

SUBJECT: NORTH PALM MOTORS, LLC
Ref. Number: M09000001610

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We have received your document for NORTH PALM MOTORS, LLC and your check(s) totaling \$245.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 410A00001487

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: North Palm Motors, LLC
Name of Corporation

DOCUMENT NUMBER: M09000001610

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:

Les Stracher, Esq.
Name of Contact Person

Firm/Company

2900 Glades Circle, Suite 700
Address

Weston, Florida 33327
City/State and Zip Code

les@kurkinbrandes.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

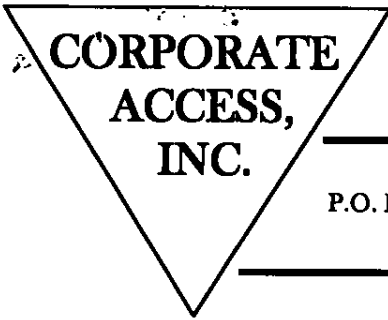
Les Stracher, Esq. at (954) 703-1946
Name of Contact Person Area Code & Daytime Telephone Number

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

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When you need ACCESS to the world

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P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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Statement of Change

1. North Palm Motors, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

Rejection on file

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: North Palm Motors, LLC

2. (a) Principal office address of limited liability company: 3703 Northlake Blvd.

☒

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

Lake Park, Florida 33403

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(b) Mailing address of limited liability company:

3703 Northlake Blvd.

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

Lake Park, Florida 33403

05/01/2009

M09000001610

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Les Stracher, Esq.

Registered Office Address:

401 East Las Olas Blvd., Suite 1650

Ft. Lauderdale, Florida 33301

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

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

2900 Glades Circle, Suite 700

Weston, FL 33327

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.

X

Signature of a member or authorized representative of a member

Edward F. Napleton

Printed or typed name of signer

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 608, 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