

1121 00000C 9454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

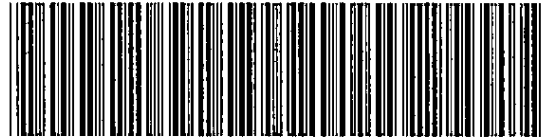
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

707

Office Use Only



400370487624

07/29/21--01023--010 **60.00

FILED

2021 AUG 20 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FL

D BRUCE
AUG 31 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2021

TODD JACKSON
3435 N MAIN ST
GAINESVILLE, FL 32609

SUBJECT: KEY MOTORS OF PERRY LLC
Ref. Number: M21000009454

We have received your document for KEY MOTORS OF PERRY LLC and your check(s) totaling \$60.00. 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) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 421A00018761

FILED
2021 AUG 20 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Key Motors of Perry, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Todd Jackson
Name of Person

Key Auto Group
Firm/Company

3435 n main st
Address

Gainesville FL 32609
City/State and Zip Code

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

For further information concerning this matter, please call:

Todd Jackson at (207) 229-0654
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 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☒ \$60 Filing Fee, Certificate of Status & Certified Copy

FILED
2021 AUG 20 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FL

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Key motors of Perry LLC

Enter new principal office address, if applicable: 549 Rt 1 Bypass

(Principal office address

MUST BE A STREET ADDRESS)

Portsmouth, NH 03801

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M21000009

3. Jurisdiction of its organization: _____

4. Date authorized to do business in Florida: 7/30/21

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

FILED
AUG 20 PM 1:53
TALLAHASSEE, FL

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>TitHeMGR</u>	<u>Todd Jackson</u>	<u>3435 n main St</u> <u>Gainesville FL 32609</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>TitHeMGR</u>	<u>Anthony DiIorenzo</u>	<u>549 US Hwy 1 Bypass</u> <u>Portsmouth NH 03801</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
2021 APR 20 PM 1:53
SECRETARY OF STATE
TALLAHASSEE FL

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.

Todd Jackson
Signature of the authorized representative
Todd Jackson
Typed or printed name of signee

Filing Fee: \$25.00