

M99000001330

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(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
08 DEC 15 AM 8:18

DEC 9 2008
J. BRYAN

DEC 16 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUBEFAST REMOTE, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shane Sapp

(Name of Person)

American LubeFast, LLC

(Firm/Company)

1102 S. FERDON BLVD

(Address)

CRESTVIEW, FL 32536-4512

(City/State and Zip Code)

For further information concerning this matter, please call:

GAIL WILSON

(Name of Person)

at (770) 995-6312 K1453

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC 15 AM 8:18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 9, 2008

SHANE SAPP
AMERICAN LUBEFAST, LLC
1102 S. FERDON BLVD
CRESTVIEW, FL 32536-4512

SUBJECT: LUBEFAST REMOTE, LLC
Ref. Number: M99000001330

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC 15 AM 8:18

We have received your document for LUBEFAST REMOTE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You need to complete the form listing the new registered agent information

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 708A00059689

**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: LUBEFast REMOTE, LLC

2. (a) Principal office address of limited liability company: 1550 North Brown Road
(Note: **MUST BE STREET ADDRESS**) Suite 140
Lawrenceville, GA 30043

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

08/24/1999

3. Date of filing/registration in Florida

M99000001330

4. Document number

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

Registered Agent:

C T Corporation System

Registered Office Address:

1200 South Pine Island Road
Plantation, FL 33324

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

NEW Registered Agent:

Shane Sapp

NEW Registered Office Address:

1102 South Ferdon Blvd.

(**MUST BE FLORIDA STREET ADDRESS**)

Crestview, FL 32536-4512

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.

MANAGING MEMBER
(Signature of a member or authorized representative of a member)

Timothy J. Embrey
(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 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.

Shane Sapp
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00