

P11000035836

(Requestor's Name)

(Address)

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DIVISION OF CORPORATIONS
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B.A. Chg.
C.COULLETTE

AUG 08 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LS AUTO GROUP INC
Name of Corporation

DOCUMENT NUMBER: P11000035.836

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:

DARRIN L. EDELGLASS
Name of Contact Person

LS AUTO GROUP INC.
Firm/Company

540 NORTH STATE ROAD 434 #24
Address

ALTAMONTE SPRINGS FL 32714
City/State and Zip Code

LOUISANDSONSAUTO@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DARRIN L. EDELGLASS at (845) 701-5110
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
11 AUG -8 AM 11: 54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 2, 2011

DARRIN L. EDELGLASS
LS AUTO GROUP INC.
540 NORTH STATE RD 434, #24
ALTAMONTE SPRINGS, FL 32714

SUBJECT: LS AUTO GROUP INC.
Ref. Number: P11000035836

We have received your document for LS AUTO GROUP INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must complete the form in order to file it with this office.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 011A00018140

*Complete
all of this
form -*

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LS AUTO GROUP INC. ✓
2. The principal office address: 540 N STATE ROAD 434 Suite 24 ✓
ALTAMONTE SPRINGS FL 32714
3. The mailing address (if different): _____ ✓

4. Date of incorporation/qualification: 4/12/11 ✓ Document number: P11000035836 ✓

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) _____

DARRIN EDELGLASS ✓
540 N. STATE ROAD 434 Suite 24
ALTAMONTE SPRINGS FL 32714 ✓

6. The name and street address of the new registered agent (if changed) and /or registered office: (if changed):

ROBERT S. STROUD
802 11TH STREET WEST
BRADENTON, FL 34205

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

DARRIN L EDELGLASS PRESIDENT
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

7/4 28 2011
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO: FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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DIVISION OF CORPORATIONS
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