## L05000075679

(Requestor's Name)					
(Address)					
(An	idress)				
<i>(, , , , , , , , , , , , , , , , , , , </i>					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
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OF HAY 14 PH 2: 09

## **COVER LETTER**

TO: Registration Section Division of Corporations		·	
SUBJECT: MA&C LLC (Name of	Limited Liab	ility Company)	<u> </u>
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change	e and fee(s) are submitted	for filing.
Please return all correspondence concerning	g this matter to	o the following:	
Mark Novatnack		•	
(Name of Person)			97 97
MA&C LLC			OT MAY 14 PH 2: 09
(Firm/Company)	•	•	F PI CORPE
1405 NW 49 Ave			STATE OR ATT
(Address)			09 0HS
Coconut Creek, Florida 33063			
(City/State and Zip Code)		<u>·</u>	
For further information concerning this man	tter, please cal	11:	
Mark Novatnack	at ( <u>9</u> 54	968-7504	
(Name of Person)		(Area Code & Daytime T	elephone 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	ing amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

INHS18 (8/05)

## 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.

ugeni, or oom, in me bia	ne of 1 tortua.		
1. The name of the limit	ted liability company i	S: MA&C LLC	
2. The mailing address of	of the limited liability	company is : 1405 NW 49 Ave	
Coconut Creek, Florida 33		· .	
Cocondi Creek, Florida 33	3003	<del> </del>	
08/02/2005		L05000075679	•
3. Date of filing/registra	ition in Florida	4. Document num	ber
5. The name of the regist Florida Department of	tered agent and the reg f State:	gistered office address as shown or	n the records of the
_	A1A Corporate Se	ervices Inc	
		Name	
·	92 Sadberry Road	<u></u>	
		Address	
	Quincy, Fl. 32351		_
	Cit	y, State and Zip	O. Division
6. The name and address	of the new registered	agent and/or office:	OT HAY 14 PH 2: C
	Mark Novatnack		Y PRE
		Name	TO RED
	1405 NW 49 Ave		F ST FOR
	Florida street addre	ess (P.O. Box NOT acceptable)	2:0
	Coconut Creek	FL 33063	09
	City,	State and Zip	
confirmed that after the cand the business office o liability company, it is he	change or changes are of the registered agent ereby confirmed that the mited liability comparent of the limited liabil	d under the laws of the State of Fl made, the Florida street address o will be identical. Or, in the case of the change(s) was/were authorized by or as otherwise provided in the lity company.	of the registered office of a Florida limited by an affirmative vote
Mark Novatnack			
(Printed or typed name of signed	e)		•
I hereby accept the appo comply with the provisio and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm	ointment as registered ns of all statutes relat nd accept the obligatio this document is bein n that the limited liabi	agent and agree to act in this cap ive to the proper and complete per ons of my position as registered as g filed to merely reflect a change i lity company has been notified in	vacity. I further agree to rformance of my duties, zent as provided for in in the registered office writing of this change.
(Signature of Registered Agent)			

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