

L15000204805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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S Warren

APR 07 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2017

RANDY MAVILLE
5090 E. PORTOFINO LNDG BLVD. #101
FORT PIERCE, FL 34947

SUBJECT: MAVILLE TRANSPORT LLC
Ref. Number: L15000204805

We have received your document for MAVILLE TRANSPORT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 317A00005739

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Manille Transport, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angela or Randy Manille
Name of Person

Manille Transport, LLC
Firm/Company

5090 E. Portofino Landings Blvd #101
Address

Fort Pierce, FL 34947
City/State and Zip Code

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

For further information concerning this matter, please call:

Angela Manille at (603) 252-7463
Name of Person 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 \$55 Filing Fee & Certified Copy
Previously mailed ck # 120
for \$35.00

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Maville Transport, LLC
2. (a) 5090 E Portofino Landings Blvd #101 (b) 5090 E Portofino Landings Blvd #
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
Fort Pierce, FL 34947 Fort Pierce, FL 34947

3. 12/8/15 Date of filing/registration in Florida 4. L15000204805 Document number

5. (a) Corporate Service Company
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1201 Hays Street
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Tallahassee, FL 32301

- (b) Randy Maville
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
5090 E Portofino Landings Blvd #101
NEW Registered Office Address:
Fort Pierce, FL 34947

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 TALLAHASSEE, FLORIDA

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.

Randy A Maville Signature of a member or authorized representative of a member
Randy Maville 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 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.

Angela Maville / Randy A Maville
 Signature of Registered Agent