Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : BU\$H ROSS, P.A.

Account Number : 119990000150 : (813)224-9255

Phone Fax Number

: (813)223-9620

Celeste Perrino (999999-99999)

REGISTERED AGENT CHANGE

MIDTOWN PARTNERS & CO., LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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Corporate Filing Menu

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COVER LI	ETTER
Fo: Registration Section Division of Corporations	
SUBJECT: Midtown Partners & Co., LI	
(Name of Limited Li	ability 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 m	atter to the following:
Celeste Perrino	
(Name of Person)	
Dod D D A	
Bush Ross, P.A. (Firm/Company)	
(rinivoonpany)	
1801 North Highland Avenue	
(Address)	
Tampa, Florida 33602	· · · · · · · · · · · · · · · · · · ·
(City/State and Zip Code)	
For further information concerning this matter, ple	ase call:
Celeste Perrino at (813) 204-6425
(Name of Contact Person)	(Area Code& Daytime Telephone Number)
((
STREET/COURTER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
2661 Executive Center Circle	P.O. Box 6327
Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following am	ount:
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 608.416 or 617.508, 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. The name of the limited liability company is: _____ Midtown Partners & Co., LLC 2. The mailing address of the limited liability company is: 4218 West Linebaugh Avenue Tampa, FL 33624 5/30/2000 L00000006239 3. Date of filing/registration if Florida 4. Document number 4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of Stace: Brent A. Jones 220 S. Franklin Street Tampa, FL 33602 6. The name and address of the new registered agent and/or office: Bush Ross Registered Agent Services, LLC Name 1801 North Highland Avenue Florida street address (P.O. Box NOT acceptable) Tampa, Florida 33602 City, State and Zip 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 (Signature of a member or authorized representative of a member) BRUCE TORDAN (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 obligation of my position as registered agent as provided for in Chapter 608, F.S.. Of, 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. caleste forms, use (Signature of Registered Agent) Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$25.00**

INHS18 (8/05)

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