

LD8000044134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

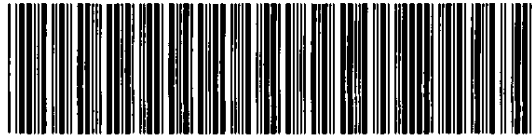
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W
MAY - 5 2009

J. BRYAN

MAY 14 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARIONET
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:

M^r GUY MARTINEZ
Name of Person

MARIONET
Firm/Company

P.O BOX 268363
Address

WESTON, FL 33326
City/State and Zip Code

GUY.MARTINEZ@ATT.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GUY MARTINEZ at (954) 681-9812
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

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2009

GUY MARTINEZ
MARIONET, LLC
PO BOX 268363
WESTON, FL 33326

SUBJECT: MARIONET, LLC
Ref. Number: L08000044134

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09 MAY 13 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MARIONET, 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):

The registered agent must have a Florida street address. A post office box is not acceptable.

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: 509A00015130

May 8, 2009

Guy Martinez
MARIONET, LLC
PO BOX 268363
WESTON, FL 33326

SUBJECT : MARIONET LLC
Ref. # : L08000044134
Your letter # 509A00015130

FILED
09 MAY 13 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ATTENTION TO Mr. Joey Bryan
Regulatory Specialist II

Mister,

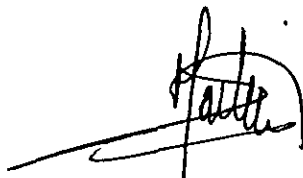
You will find attached your letter # 509A00015130.

I am very sorry for the mistakes I made filing this document. Would you please consider that the principal office address of LLC and the new Registered Office address are the same;

448, Silver Palm Way
Weston, FL 33327

Thank you for your patience,

Best regards, Guy Martinez

A handwritten signature in black ink, appearing to read "Guy Martinez", with a long horizontal stroke extending to the left.

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: MARIONET

2. (a) Principal office address of limited liability company: MARIONET

(Note: MUST BE STREET ADDRESS)

448, SILVER PALM WAY
WESTON, FL 33327

- (b) Mailing address of limited liability company: MARIONET

(Note: MAY BE POST OFFICE BOX)

P.O. BOX 268363
WESTON, FL 33326

05/02/2008
3. Date of filing/registration in Florida

4. Document number L08000044134

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

Registered Agent: MARTINEZ, VALERIE

Registered Office Address: 2406, WESTON ROAD
WESTON, FL 33326 US

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

NEW Registered Agent: _____

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS)

448, SILVER PALM WAY
WESTON, FL 3332

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

GUY MARTINEZ / MEMBER
Printed or typed name of signee

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.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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MAY 13 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA