

L02000022935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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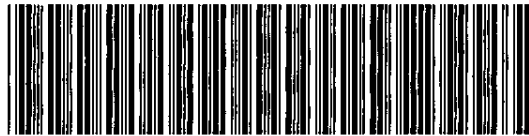
(Business Entity Name)

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TALLAHASSEE, FLORIDA

B. BOSTICK

APR 17 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DML Holdings 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:

Maria LaGrasta

Name of Person

DML Holdings LLC

Firm/Company

434 Conners Avenue

Address

Naples, Florida 34108

City/State and Zip Code

Marialagrasta@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria LaGrasta

Name of Person

at (239)

597.5850

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

FILED
12 APR 16 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: DML Holdings LLC

2. (a) Principal office address of limited liability company: 434 Conners Avenue

(Note: MUST BE STREET ADDRESS) Naples, Florida 34108

(b) Mailing address of limited liability company: 434 Conners Avenue

(Note: MAY BE POST OFFICE BOX) Naples, Florida 34108

09/04/2002 3. Date of filing/registration in Florida L02000022935 4. Document number

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

Registered Agent: Domenico LaGrasta

Registered Office Address: 506 - 106 th Avenue North

Naples, Florida 34108

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

NEW Registered Agent: Maria LaGrasta

NEW Registered Office Address: 434 Conners Avenue

(MUST BE FLORIDA STREET ADDRESS) Naples, FL 34108

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.

Maria LaGrasta
Signature of a member or authorized representative of a member

Maria LaGrasta
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.

Maria LaGrasta
Signature of Registered Agent

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

12 APR 11:34
TALLAHASSEE
STATE
FLORIDA