

AD 800000 0545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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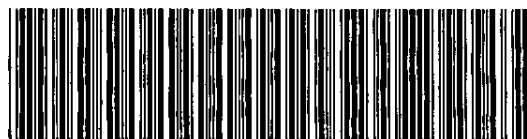
(Business Entity Name)

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OCT 29 2014  
J. BRUCE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MENNA FAMILY LIMITED PARTNERSHIP, LLP  
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A 08 000000545

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

Please return all correspondence concerning this matter to:

LIANDREA MENNA  
Contact Person

MENNA FAMILY LIMITED PARTNERSHIP, LLP  
Firm/Company

PO Box 4189  
Address

CLEARWATER, FL 33758  
City, State and Zip Code

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

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For further information concerning this matter, please call:

Margaret Beil at (727) 796-0021  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. MENNA FAMILY LIMITED PARTNERSHIP, LLP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 05/07/2008 3. A08000000545  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

AMENIE MOHIP  
Name  
12600 Roosevelt Blvd.  
Address  
St. Petersburg, FL 33716  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

LIANDREA MENNA  
Name  
same as above  
Florida street address (P.O. Box not acceptable)  
\_\_\_\_\_  
City, State and Zip FL \_\_\_\_\_

6. Such change(s) is/are effective when filed by the Florida Department of State.

X [Signature]  
Signature of General Partner

*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.*

X [Signature]  
Signature of Registered Agent LIANDREAMENNA

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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