

# A97000000363

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(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

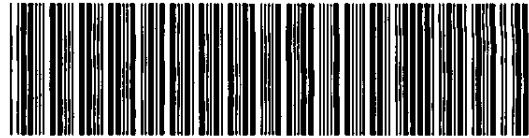
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TALLAHASSEE, FLORIDA

DEC 22 2014  
T. HAMPTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MLH II, L.P.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A97000000363

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:

Michael B. Haber  
Contact Person  
MLH Financial Services, Inc.  
Firm/Company  
P.O. Box 1038  
Address  
Dunedin, FL 34697  
City, State and Zip Code  
mhaber@tampabay.rr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael B. Haber at ( 813 ) 877-3233 ext. 1  
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. MLH II, L.P.  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 2/11/1997 3. A97000000363  
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:

Richard M. Haber  
Name

1311 North Church Avenue  
Address

Tampa, FL 33607, US  
City, State and Zip

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

Michael B. Haber  
Name

28463 US Highway 19 North  
Florida street address (P.O. Box not acceptable)

Clearwater FL 33761  
City, State and Zip

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

Michael B. Haber, President of G.P.  
Signature of General Partner MLH Financial Services, Inc.

*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.*

Michael B. Haber  
Signature of Registered Agent

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

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