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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
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RE-SUBMIT

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE
TMT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	4
Estimated Charge	\$25.00

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15 MAR -6 PM 1:51

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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ADR
3/19/15



March 6, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TMT, LLC
6210 N. FLORIDA AVE.
TAMPA, FL 33604

SUBJECT: TMT, LLC
REF: L00000002928

RE-SUBMIT

Please retain original filing
date of submission 3/5

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please fill in the principal and mailing address (line #2 a & b)

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

FAX Aud. #: H15000056923
Letter Number: 015A00004639

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TMT, 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:

Harry McNat

Name of Person

Firm/Company

6210 N FLORIDA AVE

Address

TAMPA, FL 33604

City/State and Zip Code

hmcnat3@verizon.net

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

For further information concerning this matter, please call:

SONIC

Name of Person

at (813) 237-8861

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

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: TMT, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
6210 N. Florida Ave.
Tampa, FL 33604

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Same

3. 03/15/2000 Date of filing/registration in Florida 4. L00000002928 Document number

5. (a) Henry McNatt, III
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
6210 N Florida Avenue
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Tampa, FL 33604

(b) CT Corporation System
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

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

Printed or typed name of signer

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 605, 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.

By: Sharon R. Kresz
Signature of Registered Agent

Henry McNatt III
Sharon R. Kresz
Assistant Secretary

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

INHS18 (2/14)

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TALLAHASSEE, FLORIDA