

LO1000019476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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J. BRYAN

NOV 21 2007

J. BRYAN

DEC - 3 2007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MFS Property 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:

Marilee F. Simon
(Name of Person)

MFS Property LLC
(Firm/Company)

5294 Royal County Down
(Address)

WESTERVILLE Ohio 43082
(City/State and Zip Code)

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For further information concerning this matter, please call:

Marilee Simon at (614) 395-8181
(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

Please note: We only wish to change the mailing street address because we have moved. Everything else pertaining to this LLC remains the same.

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 21, 2007

MARILEE F. SIMON
MFS PROPERTY LLC
5294 ROYAL COUNTY DOWN
WESTERVILLE, OH 43082

SUBJECT: M. F. S. PROPERTY LLC
Ref. Number: L01000019476

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We have received your document for M. F. S. PROPERTY 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: 407A00066831

**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. The name of the limited liability company is: MFS Property LLC
2. The mailing address of the limited liability company is: 5294 ROYAL COUNTY DOWN
WESTERVILLE OHIO 43082

NOV. 5, 2001
3. Date of filing/registration in Florida

L01000019476
4. Document number

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

MARILEE F. SIMON
Name
~~10171 CROWN DRIVE~~ 5294 ROYAL COUNTY DOWN
Address
WESTERVILLE OHIO 43082
City, State and Zip

6. The name and address of the new registered agent and/or office:

Marilee F. Simon
Name
~~5294 ROYAL COUNTY DOWN~~
Florida street address (P.O. Box NOT acceptable)
~~WESTERVILLE OH 43082~~
City, State and Zip

44791A
WINDHAMMER CANE
FT. WALKER, FL 33919

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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.

Marilee F. Simon
(Signature of a member or authorized representative of a member)

Marilee F. Simon
(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]
(Signature of Registered Agent)

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