## LO 1000019476

(Re	questor's Name)				
(Ad	dress)				
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(Cit	y/State/Zip/Phone #	f)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Name	· )			
(Document Number)					
Certified Copies	_ Certificates o	f Status			
Special Instructions to Filing Officer:					
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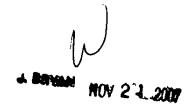
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SECRETARY OF STATE DIVISION OF CORPORATIONS



J. BRYSMM DEC - 3 2007

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: MFS PROPERTY (Name of Limited	d 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 m	natter to the following:
Mariles F. Simon (Name of Person)	——— 07 07
MFS Passary UCC (Film/Company)	OT HOW 30 PH 12: 48
5294 ROYAL COUNTY BOW	0 PH12: 48
WESTERVILLE OLGO 43 (City/State and Zip Code)	<u>'087</u>
For further information concerning this matter, ple	ase call:
Maniles Simon at (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 amo	ount:
\$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.

SECRETARY OF STATE OF CORPORATIONS



## 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

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.

Letter Number: 407A00066831

Joey Bryan Regulatory Specialist II DIVISION OF CORPORATIONS

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## 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 limit	ed liability company is:	MIT D LI	LODEN+1		•	
2. The mailing address of	of the limited liability cor	npany is : <u>52</u>	94 ROY	AL COUN	ty Down	
	<u> </u>	RESPONITIE	OHIO	43082	··	
NOV. 5, 2001		Lo	21000	019471	6	
	3. Date of filing/registration in Florida		4. Document number			
5. The name of the regist Florida Department of	ered agent and the regist State: MANILES	ered office address				
	10171 Cova	Name  Our ve	_ 529	4 ROYAL	County ld	
	WESTERVILLE	, , , , , , , , , , , , , , , , , , , ,	3082		<b></b>	
6. The name and address	•	State and Zip ent and/or office:		07 NOV 30	SECR SECR	
	Marilee F			)V 30	NE STATE	
44791A Vindiammen cané VBUS, FL 33919		ame [a] COUVE (P.O. Box NOT a		<del>)h                                    </del>	DRPOR ST	
Yous, FL 33919	City, St	ate and Zip	3082	- <del>.</del>	ATE ATIONS	
If the limited liability conconfirmed that after the cand the business office o liability company, it is he of the members of the lior the operating agreement	change or changes are may fethe registered agent will be reby confirmed that the mited liability company of	ide, the Florida str I be identical. Or, change(s) was/we or as otherwise pro	eet address of in the case of re authorized	of the registere of a Florida ling by an affirma	ed office nited ative vote	
Maule of a member or such	Limber fized representative of a member	<del>,                                      </del>				

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.

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

(Printed or typed name of signee)