## L02000001118

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #	<del>)</del>
PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Cartified Copies	Cartificator o	f Status
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Special Instructions to	Filing Officer;	
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## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

February 3, 2020

MARY A BANDES BANDES ASSOCIATES, INC 5248 ENCLAVE DRIVE OLDSMAR, FL 34677

SUBJECT: MBR, L.L.C.

Ref. Number: L02000001118

We have received your document for MBR, L.L.C., however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$25.00.

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 520A00002463

## COVER LETTER

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INHS18 (2/14)

то:	Registration Section Division of Corporations		
SUBJ	ест: <i>МВ</i>	R, L.L.C ame of Limited Lia	<u></u>
	N	ame of Limited Lia	bility Company
Dear S	Sir or Madam:		
The en	nclosed Registered Agent/Registered C	ffice Change and fe	ee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to the fo	ellowing:
	Mary Bandes Name of Person		_
	Firm/Company		_
	5248 Enclave Address	Drive	_
	Old Smar A City/State and Zip Code	FL 3467	7_
	mary · bandes @	bandes C	onstruction.com
For fu	rther information concerning this matte	er, please call:	
<del></del> .	Mary Bandes Name of Person	at (_727_	) 422 -6500 Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Taflahassee 2415 N. Monroe Street, Suite 810 Taflahassee, FL 32303
	Englosed is a check for the following	ng amount:	
	\$25 Filing Fee	<b>□</b> \$55	Filing Fee & Certified Copy

## 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. No	ame of the limited liability company: MBR, L.L.C.
2 (a)	(b)
2. (0)	Principal office address of limited hability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1368 Spalding Rd. Mr. 5248 Enclave Dr.
	Dunedin, Fl. 34698 Oldsmar, FL 34677
	Jan. 15, 2002L02000001118Date of filing/registration in Florida4.Document number
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  705 Richards Ave 35000000000000000000000000000000000000
	Clearwater BL 33765
	8: 32 FILORITIES
(b)	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Mary A. Bandes
	NEW Registered Office Address:
	5248 Enclave Dr.
	Oldsmar FL 34677
change agent v was/we the arti	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the cor changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.  **Robert Bandes***  Robert Bandes***  Printed or typed name of signee.
provisi the obl to mer	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address. I hereby confirm that the limited liability company has been d in writing of this change.

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