

LD2000001706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status _____

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2011 NOV 10 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE
NOV 14 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2011

BRUCE KILPATRICK
3535 EAST THOMPSON STREET
PHILADELPHIA, PA 19134-5535

SUBJECT: MAN, LLC
Ref. Number: L02000001706

We have received your document for MAN, 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 designation of the registered agent must be at a Florida street address.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 111A00024

2011 NOV 10 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAN, 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:

Bruce Kilpatrick

Name of Person

MAN, LLC

Firm/Company

3535 East Thompson Street

Address

Philadelphia, PA 19134-5535

City/State and Zip Code

kilpatb@comcast.net

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

For further information concerning this matter, please call:

Bruce Kilpatrick

Name of Person

at (850)

559-1064

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

2011 NOV 10 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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. Name of the limited liability company: MAN, LLC

2. (a) Principal office address of limited liability company: 405 Oak Avenue

(Note: MUST BE STREET ADDRESS)

Panama City, FL 32401

(b) Mailing address of limited liability company:

MAN, LLC

(Note: MAY BE POST OFFICE BOX)

3535 East Thompson Street
Philadelphia, PA 19134

10/06/2011

L02000001706

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:

Jim Appleman

Registered Office Address:

405 W OAK AVE
PANAMA CITY FL 32401

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

Bruce K. Kilpatrick
2309 Thomas Drive
Panama City, FL 32408

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

Bruce K. Kilpatrick

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 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 of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00