

LD2000003398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

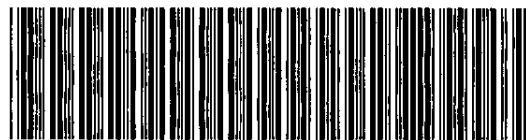
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000265699880

10/27/14--01022--011 \*\*25.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 OCT 27 PM 2:03

NOV 12 2014

T. CARTER

LLC RA/Rochase

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PALLAS, 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:

LIANDRA MENNA  
Name of Person

PALLAS, LLC  
Firm/Company

12600 Roosevelt Blvd.  
Address

St. Petersburg, FL 33716  
City/State and Zip Code

lmenna@mdmhotels.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margaret Beil at ( 727 ) 796-0001  
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

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: DALLAS, LLC
2. (a) 12600 Roosevelt Blvd (b) PO Box 4189  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
St. Petersburg, FL 33716 Clearwater, FL 33758

3. 02/12/2002 4. LO2 000003398  
Date of filing/registration in Florida Document number

5. (a) AMENIE MOHEP  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

12600 Roosevelt Blvd  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

St. Petersburg, FL 33716

- (b) LIANDREA MENNA  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Same as above  
NEW Registered Office Address:

\_\_\_\_\_, FL \_\_\_\_\_

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

ANTHONY MENNA  
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 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.

\_\_\_\_\_  
Signature of Registered Agent LIANDREA MENNA

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 OCT 27 PM 2:03