

L03000000096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

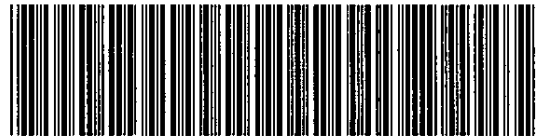
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

MAR - 4 2010

EXAMINER

L03-96



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 23, 2010

MARIA CUNILL  
1901 1ST ST  
INDIAN ROCKS BEACH, FL 33785-2905

SUBJECT: MPC PROPERTIES, LLC  
Ref. Number: L03000000096

We have received your document for MPC PROPERTIES, 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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: 110A00004445

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MPC PROPERTIES, 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:

MARIA P CUNILL  
Name of Person

MPC PROPERTIES, LLC  
Firm/Company

1901 1<sup>ST</sup> ST.  
Address

INDIAN ROCKS BEACH, FL 33785-2905  
City/State and Zip Code

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

For further information concerning this matter, please call:

VAN CUNILL at ( 727 ) 595-3107  
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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: MPC PROPERTIES, LLC

2. (a) Principal office address of limited liability company: 1901 1<sup>ST</sup> ST



(Note: **MUST BE STREET ADDRESS**)

INDIAN ROCK BECH, FL  
33785-2905

(b) Mailing address of limited liability company: SAME



(Note: **MAY BE POST OFFICE BOX**)

DEC 23, 2002 JAN 1, 2003

3. Date of filing/registration in Florida

H030000001674

4. Document number-

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

Registered Agent:

CHRISTOPHER H. NORMAN

Registered Office Address:

315 S. HYDE PARK AVE  
TAMPA, FL 33606

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

**NEW Registered Agent:**

MARIA P GUNILL

**NEW Registered Office Address:**

(**MUST BE FLORIDA STREET ADDRESS**)

1901 1<sup>ST</sup> ST  
INDIAN ROCKS BEACH

FL 33785-2905

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.

B Gunill  
Signature of a member or authorized representative of a member

GUENAVENTURA GUNILL  
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.

Maria P Gunill  
Signature of Registered Agent

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