

L03000001671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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L03-1671
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MISY, LLC
(Name of Corporation)

DOCUMENT NUMBER: L030000001671

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LYNNE deRusso
(Name of Contact Person)

MINERVA STUD, LLC
(Firm/Company)

12385 NW 225-A
(Address)

Reddick, Fl. 32086
(City/State and Zip Code)

For further information concerning this matter, please call:

SAME at (352) 591-1110
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2005

LYNNE DEK RUSSO
12385 NW 225-A
REDDICK, FL 32686

SUBJECT: MISY, LLC
Ref. Number: L03000001671

We have received your document for MISY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 905A00071037

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Misy, 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:

Lynne Dek Russo

(Name of Person)

(Firm/Company)

12385 NW 225-A

(Address)

Reddick, Florida 32686

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert A. Stermer

(Name of Person)

at (352) 861- 0447

(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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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. The name of the limited liability company is: Misy, LLC
2. The mailing address of the limited liability company is : 12385 NW 225-A
Reddick, Florida 32686

3. Date of filing/registration in Florida 1/13/2003 4. Document number L03000001671

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Robert A. Stermer
Name
8585 NW Highway 200
Address
Ocala, Florida 34481
City, State and Zip

6. The name and address of the new registered agent and/or office:

Robert A. Stermer, LL.M.
Name
7763 SW Highway 200
Florida street address (P.O. Box NOT acceptable)
Ocala FL 34476
City, State and Zip

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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.

Lynne deK Russo
(Signature of a member or authorized representative of a member)

LYNNE deK Russo
(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 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]
(Signature of Registered Agent)

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