

L03000026136

(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



400185472614

09/22/10--01026--003 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN -5 PM 3:58

T. HAMPTON
JAN -6 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIVNET,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:

Wendy D. Rea

Name of Person

National Registered Agents, Inc.

Firm/Company

11600 College Blvd, Suite 210

Address

Overland Park, KS 66210

City/State and Zip Code

Info@nral.com

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

For further information concerning this matter, please call:

Wendy D. Rea

Name of Person

at (800)

550-6724

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



National Registered Agents, Inc.
11600 College Boulevard
Suite 210
Overland Park, KS 66210
800.550.6724
Fax 913.851.0713

September 15, 2010

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Mivnet, LLC.
Change of Registered Agent

Dear Sir/Madam,

For the purposes of changing the registered office and/or registered agent of the above captioned Mivnet, LLC.

Please find the enclosed original Certificate of Change of Registered Agent accompanied by our check in the amount of Amount of \$25.00

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed envelope.

Thank you in advance for your cooperation in this matter.

Regards,

Wendy D. Rea
National Registered Agents, Inc.

Enclosure - Check



**NATIONAL
REGISTERED
AGENTS, INC.**
An NRAI Solutions Company

January 5, 2011

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Tammy,
RE: Mivnet, LLC

Please see enclosed corrected document,

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed envelope.

Thank you in advance for your cooperation in this matter.

Sincerely,

Wendy D. Rea
National Registered Agents, Inc.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 JAN -5 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 23, 2010

WENDY D REA
NATIONAL REGISTERED AGENTS INC
11600 COLLEGE BLVD - STE 210
OVERLAND PARK, KS 66210

SUBJECT: MIVNET,LLC
Ref. Number: L03000026136

We have received your document for MIVNET,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 form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. 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) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 610A00022650

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: MIVNET.LLC

2. (a) Principal office address of limited liability company: _____

☐ (Note: **MUST BE STREET ADDRESS**)

585 ALEXANDRA AVENUE SW
VERO BEACH FL 32968

(b) Mailing address of limited liability company: _____

☐ (Note: **MAY BE POST OFFICE BOX**)

PO BOX 650098
VERO BEACH FL 32965

07/17/2003
3. Date of filing/registration in Florida

L03000026136
4. Document number

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

Registered Agent: GROSSMAN, MARK ESQ.

Registered Office Address: 2000 PONCE DE LEON
6TH FLOOR
CORAL GABLES FL 33134

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

NEW Registered Agent: NRAI Services, Inc.

NEW Registered Office Address: 2731 Executive Park Drive, Suite 4
(MUST BE FLORIDA STREET ADDRESS) Weston, FL 33331

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

Mark Levy
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.

by: 
Signature of Registered Agent Wendy D. Rea, Asst Secretary

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN -5