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(((H16000093248 3)))



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To:

Division of Corporations Please retain original filing Fax Number : (850) 617-6383

From:

date of submission 4/14

Account Name

Account Number : FCA000000023 : (850)205-8842 Fax Number : (850)878-5368

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2816 APR 15

LLC REGISTERED AGENT CHANGE 1128 MARGARET LLC

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Corporate Filing Menu

COVER LETTER

TO: Registration Section Division of Corporations	
F128 Margaret LLC SUBJECT:	
SUBJECT: Name of Li	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	age and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	to the following:
Sam a Mane of Person	
Firm/Company	***************************************
512 Agl Stret	
Kon Wort, Fl. 33040 City/State and Zip Code	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please	call:
Name of Person at (404 932 1405 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 amoun	t:
S25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

4/15/2016 11:13:09 AM From: To: 8506176383(2/4) 850-817-6381 4/15/2016 10:38:04 A

4/15/2016 10:38:04 AM PAGE 1/001 Fax Server



April 15, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

1128 MARGARET LLC 512 ANGELA STREET KEY WEST, FL 33040

SUBJECT: 1128 MARGARET LLC

REF: L03000040014

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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) 245-6051.

Karen A Saly Regulatory Specialist II FAX Aud. #: E16000093248 Letter Number: 816A00007816

RE-SUBMIT
Please retain original filing date of submission 4/14

RECEIVE 2816 APRIS AMII: 48 SECRETAIN CONTRA

P.O BOX 6327 - Tallahassee, Florida 32314

16 APR 14 AM 8: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. N:	ane of the limited liability company: 1128 Margaret L	,LC					· · ·
7 (a)		(b	ı i				
(w/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	•	,	Mailing address (Note: MAY)	of limited list	illiy con	mani:
	512 Angela Street		.512 Ang	ela Street			
	Key West, FL 33040		Key West, FL 33040				
	10/20/2003		£0300004	40014			
3.	Date of filing/registration in Florida	4.	e - ar hom ar ar as ^{ar an} el des e	Document m	umber		
5 (a)							
J. (11)	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of St	r late.			
	Dickson, Sam. Mgr.						
	Registered Office Address MUST BL FLORIDA STREET	ADDRESS	ù	• •			
	512 ANGELA STREET						
	KEY WEST F	33040			SEU	ió A	nie de Mines
					产合	APR	T (
(h)	finter name of NEW Registered Agent and/or NEW Registere	1.000	· · · · · · · · · · · · · · · · · · ·			£-	ा चा ▲
	timer name of NEW Registered-Agent and or NEW Registere	a Onice sa	erress:		% ~ ‴⊂	F	
	NRAI Services, Inc.				ETARY OF STAFE LHASSEE, FLORID	G:	
	NEW Registered Office Address:				PAT AAT	22	
	1200 South Pine Island Road			agai t ag	ÐM ≯	ف	
	Plantation F	L 33324					
the chi agent was/w was/w the art Signa I here provix the ob- to mer notifie NRAI	finited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lace authorized by an affirmative vote of the members icles of organization or the operating agreement of the moment of a member or authorized representative of a member of a statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, it is services, Inc. Registered Agent	of the regi- liability ed- of the lin- e limited	stered offi ompany, is afted liabi liability of	ice and the busit is hereby contlity company or ompany. C	iness office firmed that r as otherw So n	of the the chaise pro	registered inge(s) vided in