

LD3000042788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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S. HAWKES

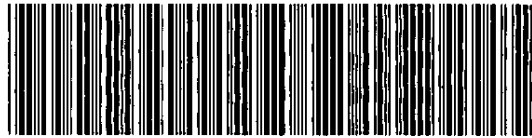
OCT 15 2009

EXAMINER

S. HAWKES

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EXAMINER



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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S. HAWKES

~~AUG 10 2009~~

EXAMINER

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2009

SEAN BOGLE
LAW OFFICES OF SEAN F BOGLE PA
101 SOUTH NEW YORK AVE SUITE 205
WINTER PARK, FL 32789

SUBJECT: MDJD PROPERTIES, L.L.C.
Ref. Number: L03000042788

We have received your document for MDJD PROPERTIES, L.L.C. 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 or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 609A00027342

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MDJD 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:

Sean Bogle
Name of Person

Bogle Law Firm
Firm/Company

P.O. Box 151358
Address

Altamonte Springs FL 32701
City/State and Zip Code

✓ scan@boglelawfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sean Bogle at (407) 834 3311
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 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: MDJD Properties, LLC
2. (a) Principal office address of limited liability company: 2721 West Fairbanks Ave.
☐ Suite 200
Winter Park FL 32789
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: Same
☐ (Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: 11-05-2003
4. Document number: L03 000042788
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: Sean F Bogle, Esq.
Registered Office Address: 706 Turnbull Ave. Suite 203
Altamonte Springs FL 32701
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

NEW Registered Office Address:
(**MUST BE FLORIDA STREET ADDRESS**)

101 South New York Avenue
Suite 203
Winter Park, FL 32789

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

Michael V. Barszcz
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.

Signature of Registered Agent

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