

L04000007524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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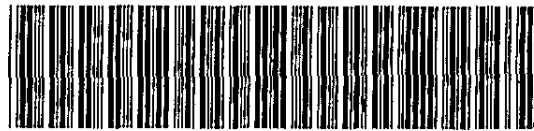
(Business Entity Name)

(Document Number)

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04 JUN - 1 AM 8:40  
DIVISION OF CORPORATIONS  
CLERK OF STATE

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: COR MTL 145 LLC  
(Name of corporation)

DOCUMENT NUMBER: LO4000007524

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:

Cynthia D. Ruzic  
(Name of person)

COR MTL 145 LLC  
(Name of firm/company)

446 Harbor Drive North  
(Address)

Indian Rocks Beach, FL 33785  
(City/state and zip code)

For further information concerning this matter, please call:

Cynthia D. Ruzic at (727) 420-9997  
(Name of 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  
409 E. Gaines Street  
Tallahassee, FL 32399

04 JUN - 1 AM 8:40  
DEPT. OF STATE  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 21, 2004

CYNTHIA D. RUZIC  
CDR MTL 145 LLC  
446 HARBOR DRIVE NORTH  
INDIAN ROCKS BEACH, FL 33785

SUBJECT: CDR MTL 145 LLC  
Ref. Number: L04000007524

04 JUN - 1 AM 8:40  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

We have received your document for CDR MTL 145 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):

The form you submitted was for a corporation, but your entity is a limited liability company. Enclosed is the proper form for your entity.

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) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 604A00035821

**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: COR MTC 145 LLC
2. The mailing address of the limited liability company is: 446 Harbor Drive North  
Edin Rock Beach, FL 33785
- 1/20/04 204000007524
3. Date of filing/registration in Florida 4. Document number

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

Cynthia D. Ruiz  
Name  
1235 N. Riverhills Ave  
Address  
Tempe Terrace FL 33517  
City, State and Zip

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

Cynthia D. Ruiz  
Name  
446 Harbor Drive North  
Florida street address (P.O. Box NOT acceptable)  
Edin Rock Beach FL 33785  
City, State and Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 JULY - 1 AM 8:40

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]  
(Signature of a member or authorized representative of a member)

Cynthia D. Ruiz  
(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