

L04000074265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

L04-74265

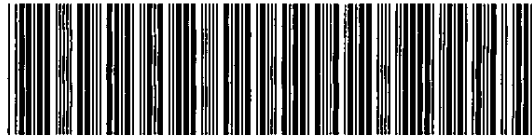
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Gulligan MAY 12 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FMM 1, 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:

Frank L. Papper, MGRM
(Name of Person)

FMM 1, LLC
(Firm/Company)

4667 Island Reef Drive
(Address)

Wellington, FL 33467
(City/State and Zip Code)

For further information concerning this matter, please call:

Frank L. Papper, MGRM at (954) 415-1722
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2008

FRANK L. PAPPER
4667 ISLAND REEF DRIVE
WELLINGTON, FL 33467

SUBJECT: FMM 1, LLC
Ref. Number: L04000074265

We have received your document for FMM 1, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current Registered Agent information does not match our records. (see printout)

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 408A00023056

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: FMM 1, LLC
2. The mailing address of the limited liability company is: Corporate Creations Networks, INC, 11380 Prosperity Farms Rd #221 E, Palm Bch Gardens, FL 33410 RS
01/11/08 204000074265
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:

Michael G. Mauck
Name
2389 King Terrace
Address
Wellington, FL 33414
City, State and Zip

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

Frank L. Papper, MBRM
Name
4667 Island Reef Drive
Florida street address (P.O. Box NOT acceptable)
Wellington FL 33467
City, State and Zip

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TALLAHASSEE, FLORIDA

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)

Frank L. Papper, MBRM
(Printed or typed name of signee)

Michael G. Mauck

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