## L0400 a 895 28

2005 WOV 18 P 1: 04 SECHETARY OF STATE (Requestor's Name) (Address) 000060675320 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) 10/19/05-010/3-017 \*\*35.00 Certified Copies \_\_\_\_ Certificates of Status \_ Special Instructions to Filing Officer:

Office Use Only



FILED

2005 NOV 18 P 1: OU SECRETARY OF STATE TALLAHASSEE, FLORIDA

October 24, 2005

MARIANNE OTEIZA 18471 S. DIXIE HWY MIAMI, FL 33157

SUBJECT: MG ENTERPRISES, LLC

Ref. Number: L04000089528

We have received your document for MG ENTERPRISES, 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):

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) 245-6094.

Letter Number: 005A00064506

Agnes Lunt Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

FILED

2005 NOV 18 P 1: 04 SECRETARY OF STATE TALLAHASSEE. FLORIDA

November 8, 2005

MARIANNE OTEIZA 18471 S. DIXIE HWY MIAMI, FL 33157

SUBJECT: MG ENTERPRISES, LLC

Ref. Number: L04000089528

We have received your document for MG ENTERPRISES, LLC. However, the document has not been filed and is being returned for the following:

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 305A00066694

## **COVER LETTER**

PO: Amendment Section Division of Corporations	LILED
SUBJECT: MG ENTERPRISES, LLC (Name of Corporation)	2005 NOV 18 P 1: 04  SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT NUMBER: L04000089528	
The enclosed Statement of Change of Registered Office/Agent and fee are subm	nitted for filing.
Please return all correspondence concerning this matter to the following:	
Marianne Oteiza (Name of Contact Person)	<u></u>
MG ENTERPRISES, LLC (Firm/Company)	<del></del>
18471 S. Dixie Hwy (Address)	
Miami, FL 33157 (City/State and Zip Code)	
For further information concerning this matter, please call:	
	6-6354 vtime 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Ell --

## 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: \_\_\_\_\_MG\_ENTERPRISES\_LLC\_\_ 2. The mailing address of the limited liability company is: 18/17/ 5 Dixie Hwy L 04000089528 11: 110 12004 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: CORPORATION SERVICE CUMPANY Name 1201 HAY'S STREET Address TALLAHASSE FL 32301
City, State and Zip 6. The name and address of the new registered agent and/or office: MARIANNE OTEIZA 25503 SW 153 NE Florida street address (P.O. Box NOT acceptable) Paints Toll FL City, State and Zip 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) NIARIANNE ( )TELZA (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 auties, 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