#L05000036828

Office Use Only



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06/30/14--01038--032 **35.00

FILED

2014 SEP -2 PH I2: 13

K.SALY EXAMINER SEP - 9 2014



July 1, 2014

NEW ENGLAND FISH MARKET MELANIE E HARMAN 1419 NE JENSEN BEACH BLVD. JENSEN BEACH, FL 34957

SUBJECT: MELMAG ENTERPRISES, LLC

Ref. Number: L05000036828

We have received your document for MELMAG 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) 245-6051.

Letter Number: 514A00014274

Karen A Saly Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Division of Corporations						
SUBJECT: Malmay Enterprises LLC Name of Limited Liability Company						
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:						
Melanic E Harman Name of Person						
Melmay Enterprises LLC Firm/Company						
1419 NE Jensen Beach Blv & Address						
Jensen Beach FL 34957 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Melonic E Hormon at (772) 334-1111 Ext Y 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						
INHS18 (2/14)						

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. Na	ime of the limited liability company:	تماررون	sis LLC		
2. (a)	Principal office address of limited liability company:	' (b)			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (5)		iling address of limited liability company: Note: MAY BE POST OFFICE BOX)	
	1419 NE Jensen Beach Bluz		1419 1	VE Jensin	Beach Blu L
	Jensen Beach FL 34957				=1 34957
	4/14/05	_	20500	0003682	8
3.	Date of filing/registration in Florida	4.	D	ocument nur	nber
5. (a)					
	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State:		
	William Penbroke GCPA				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			
	8517 3 N) Highway # 1				26 28
	Jensen Beach, FL				ZINSEP-2 PK 12: 13
					ASS -2
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office add			mo p
	Eliter flame of Mr. w Registered Agent and/or Mr. w Registered	Office addi	(53)		F-57
	Robert 5 Kramer				PK 12: 13 SEE. FLORIG
	NEW Registered Office Address:				÷, 0
	2300 SE Monterey RI Suite	100			
	Stuart, FL	3 y 9 9	16		
the cha agent v was/we the arti Signa I herei provisi the obli	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of organization or the operating agreement of the little of a member or authorized representative of a member observed the appointment as registered agent and aground of all statutes relative to the proper and complete ligations of my position as registered agent as provide left reflect of change in the registered office address, I directly reflect of this change.	the regist ability cor of the limited lia	ered office a npany, it is h ted liability of ability compa	and the busing nereby confir- company or a any. Tinted or typed	ess office of the registered med that the change(s) is otherwise provided in

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