

LD5000051426

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(Address)

(Address)

(City/State/Zip/Phone #)

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**C. LEWIS
AUG 30 2011
EXAMINER**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T. H. Mahoney 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:

Pamela S. Mahoney
Name of Person

TH Mahoney LLC
Firm/Company

363 Royal Palm Way
Address

Spring Hill, FL 34608
City/State and Zip Code

Pmahoney2685@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela S. Mahoney at (352) 340-5145
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: T.H. Mahoney LLC
2. (a) Principal office address of limited liability company: 1269 Finland Dr.
Spring Hill, FL 34609
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 1269 Finland Dr.
Spring Hill, FL 34609
(Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: 5-18-05
4. Document number: LOS 0000 51426
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: Michael A. Mahoney
- Registered Office Address: 1269 Finland Dr.
Spring Hill, FL 34609
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
- NEW Registered Agent:** Pamela S. Mahoney
- NEW Registered Office Address:** 363 Royal Palm Way
Spring Hill, FL 34608
(**MUST BE FLORIDA STREET ADDRESS**)

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.

Pamela S. Mahoney
Signature of a member or authorized representative of a member

Pamela S. Mahoney
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.

Pamela S. Mahoney
Signature of Registered Agent

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

FILED
2011 AUG 29 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA