

LD5000057476

Ma & Pa Enterprises, LLC
3241 NE Hwy 348
Old Town, FL 32680

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

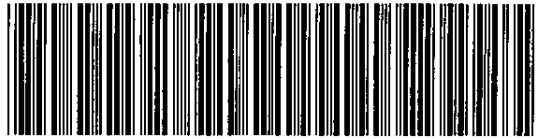
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

NOV 12 2008

EXAMINER

**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: MA+PA'S Enterprises LLC

2. (a) Principal office address of limited liability company: 3241 NE Hwy 349
Old Town Florida
32680
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 3241 NE Hwy 349
Old Town Florida
32680
(Note: **MAY BE POST OFFICE BOX**)

June 10, 2005
3. Date of filing/registration in Florida

L05000057476
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Victor P Benson, SR

Registered Office Address:

3241 NE Hwy 349
Old Town FL
32680

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Dorothy J Benson

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

MA+PA'S Enterprises LLC
3241 NE Hwy 349
Old Town FL 32680

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.

Dorothy J Benson
(Signature of a member or authorized representative of a member)

Dorothy J Benson
(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.

Dorothy J Benson
(Signature of Registered Agent)

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

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JUN 10 PM 1:43
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA