

LD5000089657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

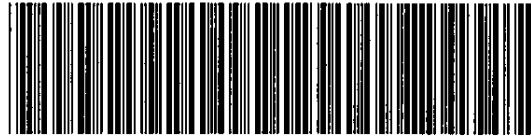
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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, PO BOX 6327, TALLAHASSEE, FL 32314

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MIKE RYAN, LLC

DOCUMENT NUMBER: L05000089657

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Name of Contact Person:	<u>Devin Newman</u>
Firm/Company:	<u>All Florida Firm, Inc.</u>
Address:	<u>813 Deltona Blvd, Suite A</u>
City, State Zip Code	<u>Deltona, FL 32725</u>

For further information concerning this matter, please call:

Devin Newman at 386-575-1180

Enclosed is a \$35 check made payable to the Department of State.

Mailing Address:
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

☒ **\$25.00 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. The name of the limited liability company is: MIKE RYAN, LLC
2. The mailing address of the limited liability company is: 2654 NW 63RD TERRACE
OKEECHOBEE FL 34972
3. Date of filing/registration in Florida: 09/12/2005
4. Document Number: L05000089657
5. The name of the registered agent and the registered office as shown on the records of the Florida Department of State:

Name: RYAN, MICHAEL M
Address: 2654 NW 63RD TERRACE
City, State Zip: OKEECHOBEE FL 34972 US

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

Name: All Florida Firm Inc
Address: 813 Deltona Blvd, Suite A
City, State Zip: Deltona, FL 32725

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 the 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.

Devin Newman Date: 7/12/07

Signed by **Devin Newman** as assistant secretary of All Florida Firm Inc, attorney-in-fact for MICHAEL M. RYAN who is MGRM of MIKE RYAN, LLC pursuant to an power of attorney form completed on 7-12-2007.

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 obligation of my position as registered agent as provided for in Chapter 608, F.S. Or if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Devin Newman Date: 7/12/07

Signed by **Devin Newman** as assistant secretary of All Florida Firm Inc, Registered Agent

*** FILING FEE: \$25.00 ***

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