## : L05000089933

·
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 17, 2006

DOUG STEINBERT 18 SNOW DROP DRIVE NEW CITY, NY 10956

SUBJECT: M & S INVESTMENT PROPERTIES, LLC

Ref. Number: L05000089933

We have received your document for M & S INVESTMENT PROPERTIES, LLC. However, the document has not been filed and is being returned for the fellowing.

The registered agent is listed as C T Corporation System. What are you trying to change?

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: 706A00061724

SEE CHANGES ON THE ATTRINO FOOM. 10/25/16

Be certain you have A Reports

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November 1, 2006

DOUG STEINBERT 18 SNOW DROP DRIVE NEW CITY, NY 10956

SUBJECT: M & S INVESTMENT PROPERTIES, LLC

Ref. Number: L05000089933

We have received your document for M & S INVESTMENT PROPERTIES, EC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 69 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: 506A00064733

Agnes Lunt Document Specialist

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: M + S INVESTMONT Properties 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:
Doub Steinbert (Name of Person)
(Firm/Company)  75 CR LARE TE
(Firm/Company)  18 SNOWDROP DRIN  (Address)  New city New York, 10956
MCW CITY NCW JURN, 10956 SA NO CITY/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (845) 304-1913  (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 (8/05)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

<- 's' . .

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

agent, or both, in the State of Florida	
1. The name of the limited liability company is: M + S INVESTMENT PlofeR trey CCC	
2 The mailing address of the limited liability company is: 511 SE F16+h Ave	i
FT JANGTICANC FL 33301 APT 1003	i
<u>19/12/05</u> <u>L0500089933</u>	
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:	
Name  12 do South TING IS(AN) RIAN ARE  PLONTATION FL 33324  City, State and Zip	Transmission of the control of the c
6 The name and address of the new registered agent and/or office:	
Ct Corporation Spatem 70 ug Stember Rt	
Name SEE Esth Ave	2
Florida street address (P.O. Box NOT acceptable) FT るみんそではに サークン	:20 <sub>,</sub>
Plantation FI 33324 Ap+ 1003	
City, State and Zip	1
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	
See A Derived representative of a periper	

Doug(A) STEINELL

(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

By: (Signature of Resistered Agent)

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

INHS18 (8/05)