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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration S Division of Co			FILE	
SUBJECT:	MIGHTYMITCHPATRICK, LLC (Name of Limited Liability Company)			
Dear Sir or Madam:				
The enclosed Registe	red Agent/Registered Office	Change and fee(s) are submitted for filing.		
Please return all corro	espondence concerning this m	atter to the following:		
MERIDETH C.	NAGEL, ESQUIRE			
MERIDETH C.	(Name of Person) NAGEL, P.A.			
	(Firm/Company)			
<u>953 104</u>	1) Street (Address)	·		
<u>Clermor</u>	THE BUTILITY/State and Zip Code)			
For further information	on concerning this matter, ple	ase call:		
MERIDETH C.	NAGEL, .ESQUIRE at (_			
(Name	e of Person)	(Area Code & Daytime Telephone N	umber)	
STREET/COU Registration Se Division of Con Clifton Buildin 2661 Executive Tallahassee, Fl	rporations g : Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a	check for the following amo	ount:		
□\$25 Filing	Fee	☐ \$55 Filing Fee & Certified Copy		

INHS18 (8/05)



October 12, 2007

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: MIGHTYMITCHPATRICK, LLC

Dear Sir/Madam:

Please find enclosed corrected Statement of Change of Registered Office or Registered Agent or Both For Limited Liability Company. I have also enclosed a copy of the letter sent by your office regarding corrections to be made to the original statement. Thank you for your help with this matter. If you have any questions, please contact my office.

Sincerely Yours,

MERIDETH NAGEL, P.A.

Meudeth Nagel
Merideth Nagel

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(Signed in her absence to avoid delay)



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 6, 2007

MERIDETH C NAGEL PA 953 10TH ST CLERMONT, FL 34711

SUBJECT: MIGHTYMITCHPATRICKLLC

Ref. Number: W07000037971

We have received your document for MIGHTYMITCHPATRICKLLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Document Specialist
Registration/Qualification Section

Letter Number: 807A00048160

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:	MIGHTYMITCHPATRICK, LLC			
2. The mailing address of the limited liability compa	nyis: 936 Forest Hill Drive			
Minneola, Florida 34715				
October 14, 2005	L05000101316			
3. Date of filing/registration in Florida	4. Document number			
5. The name of the registered agent and the registered Florida Department of State:	office address as shown on the records of the			
FREDERICK W. HAI				
Nar	ne			
936 FOREST HILL	DRIVE 9 SS			
Address MINNEOLA, FLORIDA 34715				
City, State	and Zip			
6. The name and address of the new registered agent and/or office:				
MERIDETH C. N	AGEL, ESQUIRE ?			
953 10th STRE	DRIVE ress DA 34715 e and Zip and/or office: AGEL, ESQUIRE e T			
Florida street address (P.O. Box NOT acceptable)				
CLERMONT FL	34711			
City, State	and Zip			
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or a or the operating agreement of the limited liability company or a confirmed that the characteristic of a member or authorized representative of a member)	the Florida street address of the registered office identical. Or, in the case of a Florida limited			
Frederik W. Harter 1	T .			
(Printed or typed name of signee)	<u> </u>			
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of Chapter 608, F.S. Or., if this document is being filed address, I hereby confirm that the limited liability co (Signature of Registered Agent)	and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.			

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

INHS18 (8/05)