## 100001

(Requestor's Name)	
(Address)	700109210
(Address)	
(City/State/Zip/Phone #)	09/10/07010210
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
DB	CORIUA

Office Use Only



327

03 \*\*25.00

## **COVER LETTER**

Division of Corporations	
SUBJECT: Middle Tennessee Property Mana (Name of Limited Liability Con	gement pany)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee	e(s) are submitted for filing.
Please return all correspondence concerning this matter to the following	lowing:
Mark Emery (Name of Person)	
Emery & Assoc. (Firm/Company)	O7 S SECI TALLA
918 W. Dixie Ave (Address)	EP 10 PM 3: WHASSLE, FLOR
beesburg, FL 34748 (City/State and Zip Code)	3: 16 STATE LORIDA
For further information concerning this matter, please call:	
Karm Daurs at (954) 41  (Name of Person)  (Area C	√5-9837 Code & Daytime Telephone Number)
Registration Section Division of Corporations Clifton Building  Registration Division of P.O. Box 63	Corporations
Enclosed is a check for the following amount:	
\$25 Filing Fee \$55 Filing	g 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: Mrddle	Tennessee Property Manageme
2. The mailing address of the limited liability company is:	704 228th Ave NE.
3. Date of filing/registration in Florida	L0600005546 4. Document number
5. The name of the registered agent and the registered office at Florida Department of State:    Karm Javis     Name     9835   Lake Worth   Fl. 33 46     City, State and Zip	k) SE
6. The name and address of the new registered agent and/or of  Mark Emery  Name  Name  Florida street address (P.O. Box No. 1)  Leesburg FL 34  City, State and Zip	OT acceptable)
If the limited liability company is not organized under the law confirmed that after the change or changes are made, the Flori and the business office of the registered agent will be identical liability company, it is hereby confirmed that the change(s) was of the members of the limited liability company or as otherwise or the operating agreement of the limited liability company.  (Signature of a member or authorized representative of a member)	s of the State of Florida, it is hereby da street address of the registered office l. Or, in the case of a Florida limited as/were authorized by an affirmative vote
(Printed or typed name of signee)  I hereby accept the appointment as registered agent and agre comply with the provisions of all statutes relative to the proper and I am familiar with and accept the obligations of my positic Chapter 608, F.S. Or, if this document is being filed to merely address, I hereby confirm that the limited liability company have (Signature of Registered Agent)	e to act in this capacity. I further agree to r and complete performance of my duties, on as registered agent as provided for in reflect a change in the registered office is been notified in writing of this change.

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