

LD60000069087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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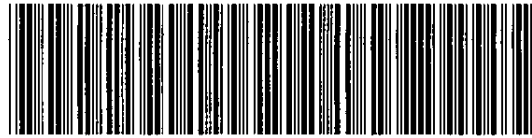
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 09 2009

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MLF Capital, 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:

Darin Wade Mullinger, Esquire  
Name of Person

Darin Wade Mullinger, P.A.  
Firm/Company

1200 North Federal Highway, Suite 200  
Address

Tallahassee, Florida 32310  
City/State and Zip Code

dwm@mullingerlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darin Wade Mullinger, Esquire  
Name of Person

904 210 8516  
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

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**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: MLF Capital, LLC

2. (a) Principal office address of limited liability company:



(Note: **MUST BE STREET ADDRESS**)

2160 Notre Dame Drive  
Lake Worth, Florida 33460

(b) Mailing address of limited liability company:



(Note: **MAY BE POST OFFICE BOX**)

Same as Principal office address

7/11/00

LO6 000069087

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Peninsula Registered Agents, Inc.

Registered Office Address:

200 South Biscayne Boulevard  
Miami, Florida 33460  
Suite 400

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

**NEW** Registered Agent:

Darin Wade Mellinger, Esquire

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

1200 North Federal Highway, Suite 200  
Boca Raton, FL 33432

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.

Signature of a member or authorized representative of a member

Darin Wade Mellinger, Esquire

Printed or typed name of signer

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.

Signature of Registered Agent

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

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