

LD000083735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

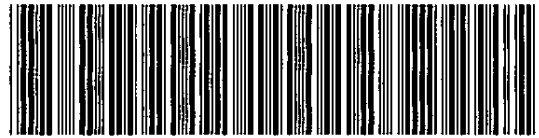
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300159365263

08/17/09--01024--004 \*\*25.00

FILED  
09 AUG 17 PM 2:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

AUG 18 2009

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mandy, 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:

Amanday Joe  
Name of Person

Mandy LLC  
Firm/Company

~~1990 Manistee St #19~~ 1860 North Washington Blvd.  
Address

Sarasota, FL 34234  
City/State and Zip Code

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

For further information concerning this matter, please call:

Amanday Joe at ( 941 ) 224-4444 or ( 941 ) 321-8888  
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

**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.

09 AUG 17 PM 2:26  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of the limited liability company: Mandy, LLC

2. (a) Principal office address of limited liability company: 1860 N. Washington  
Sarasota, Florida 34234  
 (Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 1860 N. Washington  
Sarasota, Florida 34234  
 (Note: **MAY BE POST OFFICE BOX**)

08/24/2006 3. Date of filing/registration in Florida  
L06000083735 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: Berlin Law Firm, P.A.  
Registered Office Address: 1819 Main Street  
Suite 302  
Sarasota, Florida 34236

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
**NEW Registered Agent:** Amanda Yare  
**NEW Registered Office Address:** 1860 N. Washington Blvd  
(MUST BE FLORIDA STREET ADDRESS) Sarasota, FL 34236

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.

Amanda Yare  
Signature of a member or authorized representative of a member

Amanda Yare  
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.

Amanda Yare  
Signature of Registered Agent

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