

L070000621094

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

SEP 30 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARS, 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:

Joseph Painter

Name of Person

MARS, LLC

Firm/Company

16621 US Hwy 19

Address

Hudson, FL 34667

City/State and Zip Code

jpainter@marsllc.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Rivera

Anita Saldivar

Name of Person

at (727)

378-5889

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 SEP 29 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 21, 2009

JOSEPH PAINTER
16621 US HWY 19
HUDSON, FL 34667

SUBJECT: MARS, LLC
Ref. Number: L07000021094

We have received your document for MARS, LLC 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 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
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 609A00030894

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: MARS, LLC

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

☒ (Note: **MUST BE STREET ADDRESS**) 11621 US HWY 19
HUDSON, FL 34667

(b) Mailing address of limited liability company: _____

☒ (Note: **MAY BE POST OFFICE BOX**) 16621 US HWY 19
HUDSON, FL 34667

2/26/07 3. Date of filing/registration in Florida L07000021094 4. Document number

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

Registered Agent: GEORGE ORTIZ

Registered Office Address: 1515 E SILVER SPRINGS BLVD STE 12
OCALA, FL 34470

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: Joseph E Painter
NEW Registered Office Address: 16621 US HWY 19
(MUST BE FLORIDA STREET ADDRESS) HUDSON, FL 34667

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.

Joseph E Painter
Signature of a member or authorized representative of a member

JOSEPH PAINTER
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.

Joseph E Painter
Signature of Registered Agent

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