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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

_	stration Section sion of Corporations			
SUBJECT:	MI - JACK LLC			
(Name of Limited Liability Company)				
Dear Sir or I	Madam:			
The enclose	d Registered Agent/Registered Office (	Change and fee(s) are submitted for filing.		
Please return	n all correspondence concerning this ma	atter to the following:		
. John	F Frieken			
Com	E. Erickson (Name of Person)			
	JACK LLC			
	(Firm/Company)			
3300	Carman In			
	Cayman Ln. (Address)			
1.1.	~			
Naple	(City/State and Zip Code)			
	(City/State and Zip Code)			
For further i	nformation concerning this matter, plea	ase call:		
\ \ \ /	(1 W ~ · W.	765 7555		
John !	Jack) 1- Tickson at (2	(Area Code & Daytime Telephone Number)		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
STR	EET/COURIER ADDRESS:	MAILING ADDRESS:		
Regi	stration Section	Registration Section		
	sion of Corporations on Building	Division of Corporations P.O. Box 6327		
2661	Executive Center Circle	Tallahassee, Florida 32314		
Talla	hassee, Florida 32301			
Encl	losed is a check for the following amo	ount:		
<b>☑</b> \$2	25 Filing Fee	\$55 Filing Fee & Certified Copy		



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SECRETALY OF STATE TALLAHASSEE, FLORIDA

January 24, 2008

JACK ERICKSON JEM PROPERTY MGMT 3300 CAYMAN LANE NAPLES, FL 34119

SUBJECT: MI-JACK L.L.C. Ref. Number: L07000056833

We have received your document for MI-JACK L.L.C. 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).

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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.

Letter Number: 108A00005160

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

## 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.

M. Mak 110	
1. The name of the limited liability company is: MI-JACK LLC	· · · · · · · · · · · · · · · · · · ·
2. The mailing address of the limited liability company is: 3300 Caymen Ln	
Naples FL 34119	
May 29 2007  3. Date of filing/registration in Florida  L0700056833  4. Document number	
5. The name of the registered agent and the registered office address as shown on the record Florida Department of State:  Michal Lee Erickson  Name  3300 Cayman Ln.  Address  Vity, State and Zip  6. The name and address of the new registered agent and/or office:  Jack Erickson  3300 Cayman Ln.  Florida street address (P.O. Box NOT acceptable)  Name  City, State and Zip  City, State and Zip	SECRETARY OF STATE DIVISION OF CORPORATIONS  of 08 FEB -6 PM 2: 45
City State and Zin	
If the limited liability company is not organized under the laws of the State of Florida, it is he confirmed that after the change or changes are made, the Florida street address of the register and the business office of the registered agent will be identical. Or, in the case of a Florida liability company, it is hereby confirmed that the change(s) was/were authorized by an affirm of the members of the limited liability company or as otherwise provided in the articles of or the operating agreement of the limited liability company.  (Signature of a member of authorized representative of a member)	ered office
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of and I am familiar with and accept the obligations of my position as registered agent as providing the configuration of the configurat	her agree to f my duties, ided for in ered office his change.

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