

L07000078627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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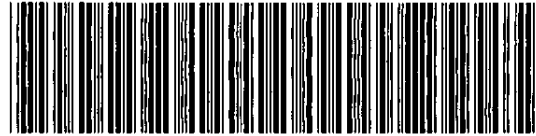
Special Instructions to Filing Officer

**A. LUNT**

OCT 23 2008

**EXAMINER**

Office Use Only



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10/13/08--01011--016 \*\*25.00

2008 OCT 22 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 14, 2008

ADAM MARCONI  
2153 BOXWOOD STREET  
NORTH PORT, FL 34289

SUBJECT: ALMPT, PL  
Ref. Number: L07000078627

FILED  
2008 OCT 22 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for ALMPT, PL 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 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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 908A00053721

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALMPT PL  
(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:

Adam Marconi  
(Name of Person)

ALMPT PL  
(Firm/Company)

2153 Boxwood Street  
(Address)

North Port, FL 34289  
(City/State and Zip Code)

For further information concerning this matter, please call:

Adam Marconi at ( 941 ) 321 0490  
(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

**FILED**  
2008 OCT 22 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: ALMPT PL

2. (a) Principal office address of limited liability company: 2153 Boxwood Street  
(Note: **MUST BE STREET ADDRESS**) North Port, FL 34289

(b) Mailing address of limited liability company: 2153 Boxwood Street  
(Note: **MAY BE POST OFFICE BOX**) North Port, FL 34289

8/1/07 L07000078627  
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: Legalzoom.com

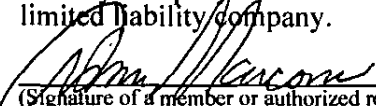
Registered Office Address: 7083 Hollywood Blvd, Suite 180  
Los Angeles, CA 90028

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

**NEW** Registered Agent: Adam Marconi

**NEW** Registered Office Address: 2153 Boxwood Street  
(**MUST BE FLORIDA STREET ADDRESS**) North Port, FL 34289

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)

Adam Marconi  
(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.*

  
(Signature of Registered Agent)

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