

L 07000 119351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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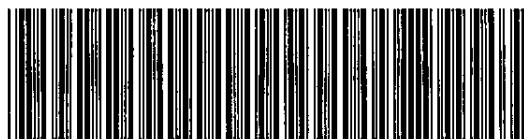
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M SUITES HOTEL, 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:

LIANDREA MENNA
Name of Person

M SUITES HOTEL, LLC
Firm/Company

12600 Roosevelt Blvd
Address

St. Petersburg, FL 33716
City/State and Zip Code

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

For further information concerning this matter, please call:

Margaret Beil at (727) 796-0021
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 605.0114 or 605.0116, 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: M SUITES HOTEL, LLC
2. (a) 12600 Roosevelt Blvd. (b) PO Box 4189
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

St. Petersburg, FL 33716 Clearwater, FL 33758

3. 11/29/2007 4. L07000119351
Date of filing/registration in Florida Document number

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

12600 Roosevelt Blvd
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

St Petersburg, FL 33716

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

Same as above
NEW Registered Office Address:

_____, FL _____

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.

X _____
Signature of a member or authorized representative of a member

ANTHONY MENNA
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 605, 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 LIANDREA MENNA

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

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SECRETARY OF STATE
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