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(Requestor's Name)

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(City/State/Zip/Phone #)

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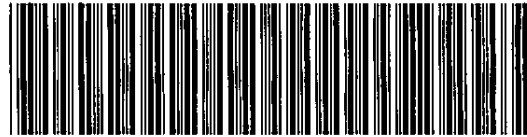
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2013

KENNETH MCCOY
15271 NW 60 AVE SUITE 203
MIAMI, FL 33014

SUBJECT: COMMGROUP MANAGEMENT LLC
Ref. Number: L07000123473

We have received your document for COMMGROUP MANAGEMENT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 213A00026609

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMMINGROUP MANAGEMENT LLC
Name of Corporation

DOCUMENT NUMBER: LO7000123473

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KENNETH W. MCLOY
Name of Contact Person

KENNETH W. MCLOY, P.A.
Firm/Company

15771 N.W. 60TH AVE., SUITE 203
Address

MIAMI LAKES, FL 33014
City/State and Zip Code

KMCLOYPA@BELLSOUTH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KENNETH MCLOY at (305) 698-9001
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: COMMGROUP MANAGEMENT LLC
2. (a) Principal office address of limited liability company: 19030 BOBO LINK DR.
(Note: **MUST BE STREET ADDRESS**) MIAMI, FL. 33015
- (b) Mailing address of limited liability company: 19030 BOBO LINK DR.
(Note: **MAY BE POST OFFICE BOX**) MIAMI, FL. 33015
- 12/12/2007 3. Date of filing/registration in Florida
- LO7000123473 4. Document number

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

Registered Agent:

BUSTILLO, MICHAEL

Registered Office Address:

8505 S.W. 110 STREET

MIAMI, FL. 33156

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

NEW Registered Agent:

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

19030 BOBO LINK DR.

MIAMI, FL. 33015

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.

Michael Bustillo
Signature of a member or authorized representative of a member

Mgt. Member

MICHAEL BUSTILLO
Printed or typed name of signer

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.

Michael Bustillo
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00