

LD7000124027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2009 OCT -6 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

Oct. 7, 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 21, 2009

R C REID  
UNITED CORP & BUS SVCS OF FLORIDA LLC  
1860 82ND AVE SUITE 206  
VERO BEACH, FL 32966

SUBJECT: MBT SERVICES, LLC  
Ref. Number: L07000124027

We have received your document for MBT SERVICES, 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 document must be signed by a member or an authorized representative of a member.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 509A00030859

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MBT SERVICES 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:

R C REID

Name of Person

UNITED CORP & BUS SVCS OF FLORIDA LLC

Firm/Company

1860 82ND AVENUE SUITE 206

Address

VERO BEACH FL 32966

City/State and Zip Code

CAPSLLC@EARTHLINK.NET

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

For further information concerning this matter, please call:

R C REID

Name of Person

at ( 772 )

770-6680

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 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: MBT SERVICES LLC

2. (a) Principal office address of limited liability company: 1200 4TH STREET APT 202

☐ (Note: **MUST BE STREET ADDRESS**) KEY WEST FL 33040

(b) Mailing address of limited liability company: 1200 4TH STREET APT 202

☐ (Note: **MAY BE POST OFFICE BOX**) KEY WEST FL 33040

12/14/2007 L07000124027  
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: THE ANDERSEN FIRM, PC

Registered Office Address: 1010 KENNEDY DRIVE SUITE 201

KEY WEST FL 33040

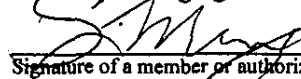
(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** UNITED CORPORATE & BUSINESS SERVICES OF FLORIDA LLC

**NEW Registered Office Address:** 1860 82ND AVENUE SUITE 206

**(MUST BE FLORIDA STREET ADDRESS)** VERO BEACH FL 32966


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

SUSAN MURPHY

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

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TALLAHASSEE, FLORIDA