

L080000001620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

JUL 11 2016
Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 27, 2016

MARK W LEIDIGH
963 N RONALD REAGAN BLVD
LONGWOOD, FL 32750

SUBJECT: MOHAWK CENTER, LLC
Ref. Number: L08000001620

2016 JUL 11 PM 1:17
TALLAHASSEE, FLORIDA

We have received your document for MOHAWK CENTER, LLC and your check(s) totaling \$120.00. 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 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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 916A00013481

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mohawk Center 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:

Mark W Leidigh
Name of Person

Mohawk Center LLC
Firm/Company

963 N. Ronald Reagan Blvd
Address

Longwood FL 32750
City/State and Zip Code

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

For further information concerning this matter, please call:

Mark W Leidigh at (407) 718-1181
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

INHS18 (2/14)

already submitted

**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: Mohawk Center LLC

2. (a) 963 N. Ronald Reagan Blvd (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Longwood FL 32750

3. 1-7-08
Date of filing/registration in Florida

4. L08000001620
Document number

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

963 N Ronald Reagan Blvd
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Longwood, FL 32750

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

963 N. Ronald Reagan Blvd
NEW Registered Office Address:

Longwood, FL 32750

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.

Mark W Leidigh
Signature of a member or authorized representative of a member

Mark W Leidigh
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 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.

Mark W Leidigh
Signature of Registered Agent

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

FILED
16 JUL -8 PM 3:05
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TALLAHASSEE, FLORIDA