

L08000027578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

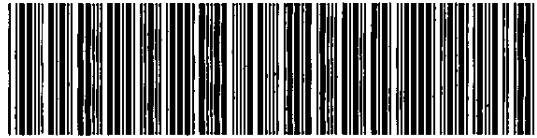
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W

J. BRYAN

APR 22 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** M3 Longwood, 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:

Dudley Sharp/ Gidget

Name of Person

Burr & Forman LLP

Firm/Company

369 N. New York Avenue, 3rd floor

Address

Winter Park, Florida 32789

City/State and Zip Code

dsharp@burr.com

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

For further information concerning this matter, please call:

Gidget Truax

Name of Person

at ( 321 )

280-7907

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**  
10 APR 21 PM 4:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 13, 2010

DUDLEY SHARP / GIDGET  
BURR & FORMAN LLP  
369 N. NEW YORK AVENUE, 3RD FLOOR  
WINTER PARK, FL 32789

SUBJECT: M3 LONGWOOD, LLC  
Ref. Number: L08000027578

FILED  
10 APR 21 PM 4:39  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

We have received your document for M3 LONGWOOD, 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 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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 110A00009036

**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: M3 Longwood, LLC

2. (a) Principal office address of limited liability company:



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

217 N WESTMONTE DRIVE  
SUITE 1007  
ALTAMONTE SPRINGS, FL 32714

(b) Mailing address of limited liability company:



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

January, 2010

3. Date of filing/registration in Florida

L08000027578

4. Document number

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

Registered Agent:

Michael T. Connor

Registered Office Address:

217 N. Westmonte Drive, Suite 1007  
Altamonte Springs, Florida 32714

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

**NEW** Registered Agent:

Dudley Sharp

**NEW** Registered Office Address:

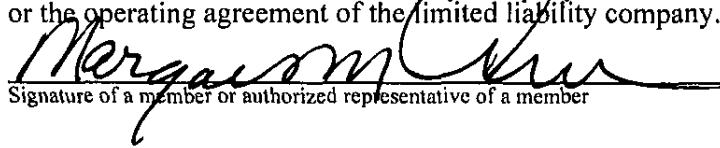
(**MUST BE FLORIDA STREET ADDRESS**)

c/o Burr & Forman LLP

369 N. New York Avenue, 3rd floor

Winter Park, FL 32789

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

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