

LO8000067525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

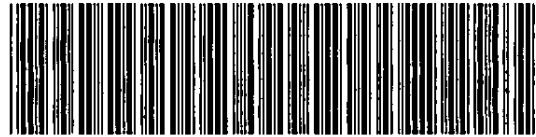
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100161329451

EM  
9-17-09  
Add charge

**L 08000067525**

**Change of Address**

► Please type or print.

OMB No. 1545-1163

► See instructions. ► Do not attach this form to your return.

**Part I Complete This Part To Change Your Home Mailing Address**

Check **all** boxes this change affects:

- 1 ☐ Individual income tax returns (Forms 1040, 1040A, 1040EZ, 1040NR, etc)  
 ► If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here ☐
- 2 ☐ Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc)  
 ► For Forms 706 and 706-NA, enter the decedent's name and social security number below.
- Decedent's name \_\_\_\_\_ ► Social security number \_\_\_\_\_

<b>3a Your name</b> (first name, initial, and last name)	<b>3b Your social security number</b>
<b>4a Spouse's name</b> (first name, initial, and last name)	<b>4b Spouse's social security number</b>

5 **Prior name(s).** See instructions.

<b>6a Old address</b> (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Apt no.
<b>6b Spouse's old address</b> , if different from line 6a (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Apt no.

<b>7 New address</b> (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Apt no.
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**Part II Complete This Part To Change Your Business Mailing Address or Business Location**

Check **all** boxes this change affects:

- 8 ☐ Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc)
- 9 ☐ Employee plan returns (Forms 5500, 5500-EZ, etc)
- 10 ☒ Business location

<b>11a Business name</b>	<b>11b Employer identification number</b>
MR River City, LLC	26-2819065
<b>12 Old mailing address</b> (no., street, city or town, state, & ZIP code). If a P.O. box or foreign address, see instructions.	Room or suite no.
897 Candleknoll Lane Jacksonville FL 32225	
<b>13 New mailing address</b> (no., street, city or town, state, & ZIP code). If a P.O. box or foreign address, see instructions.	Room or suite no.
4526 Rocky River Road West Jacksonville FL 32224	
<b>14 New business location</b> (no., street, city or town, state, & ZIP code). If a foreign address, see instructions.	Room or suite no.
4526 Rocky River Road West Jacksonville FL 32224	

**Part III Signature**

Sign Here	Daytime telephone number of person to contact (optional)	(904) 992-1170
	Your signature	9/15/09
	Date	09/15/09
	If Part II completed, signature of owner, officer, or representative	Date
	Manager	Title
	If joint return, spouse's signature	Date