

L08000089795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

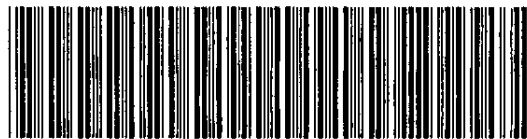
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch OCT 10 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAISON DRAKE 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:

DAVID LANXNER

Name of Person

MAISON DRAKE

Firm/Company

100 CANDACE DR STE 112

Address

MAITLAND, FL 32751

City/State and Zip Code

INFO@MAISONDRAKE.COM

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

For further information concerning this matter, please call:

DAVID LANXNER

Name of Person

at (407) 467-8306

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2013

DAVID LANXNER
100 CANDACE DR STE 112
MAITLAND, FL 32751

SUBJECT: MAISON DRAKE, LLC.
Ref. Number: L08000089795

We have received your document for MAISON DRAKE, 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):

Please complete 5a and 5b of your document.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 413A00021467

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: MAISON DRAKE LLC

2. (a) Principal office address of limited liability company: 100 CANDACE DR STE 112
(Note: MUST BE STREET ADDRESS) MAITLAND, FL 32751

(b) Mailing address of limited liability company: 5415 LAKE HOWELL RD STE 295
(Note: MAY BE POST OFFICE BOX) WINTER PARK, FL 32792

9/19/2008

3. Date of filing/registration in Florida

4. Document number

L08000089795

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

Registered Agent:

DAVID LANXNER

Registered Office Address:

2515 TUSCALOOSA TEL
WINTER PARK, FL 32789

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

NEW Registered Agent:

DAVID LANXNER

NEW Registered Office Address:

2515 TUSCALOOSA TEL

(MUST BE FLORIDA STREET ADDRESS)

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

DAVID LANXNER

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