

LOB000092234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

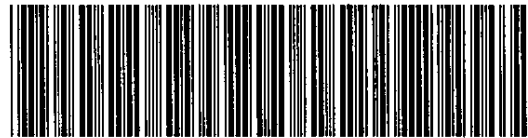
(Document Number)

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STATE OF TEXAS  
PATRICK J. HARRIS

D. SCOTT  
OCT 2 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 28, 2017

MICHAEL MYLES GRAHAM  
28248 COUNTY RD 561  
TAVARES, FL 32778

SUBJECT: MM GRAHAM ENTERPRISES, LLC  
Ref. Number: L08000092234

We have received your document for MM GRAHAM ENTERPRISES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

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.

Dionne M Pijaux  
Regulatory Specialist

Letter Number: 817A00017658

2017 SEP 29 AM 12:41  
TALLAHASSEE, FLORIDA

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17 SEP 29 PM 12:24  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MM Graham Enterprises, 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:

Michael Myles Graham

Name of Person

MM Graham Enterprises, LLC

Firm/Company

28248 County Road 561

Address

Tavares, FL 32778

City/State and Zip Code

mylesgraham@ussfl.com

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

For further information concerning this matter, please call:

Michael T. Coble at ( 352 ) 742-1904

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

FILED  
17 SEP 29 PM 12:24  
TALLAHASSEE, FLORIDA

**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: MM Graham Enterprises, LLC
2. (a) 28248 County Road 561 Tavares, FL 32778 (b) 28248 County Road 561 Tavares, FL 32778

Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

9/29/2008

L08000092234

3. Date of filing/registration in Florida 4. Document number

5. (a) Janis L Stringer

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

28248 CR 561

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tavares, FL 32278

- (b) Michael T. Coble

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

28248 CR 561

**NEW** Registered Office Address:

Tavares, FL 32778

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]  
Signature of a member or authorized representative of a member

Michael M. Graham (MGRM)

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 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.*

[Signature]  
Signature of Registered Agent