

108000092552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT

MAIL

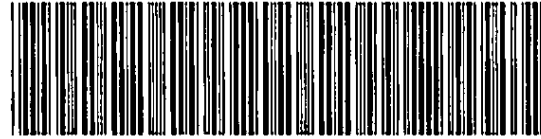
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 31, 2017

MICHAEL MYLES GRAHAM  
28248 COUNTY RD 561  
TAVARES, FL 32778

SUBJECT: MYLES ENTERPRISES, LLC  
Ref. Number: L08000092552

We have received your document for MYLES 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 CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(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: 417A00018065

2017 SEP 29 PM 12:41  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Myles 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 M. Graham

\_\_\_\_\_  
Name of Person

Myles Enterprises, LLC

\_\_\_\_\_  
Firm/Company

28248 Cuntty 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

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

17 SEP 23 AM 8:49  
TALLAHASSEE, FL 32301

**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: Myles Enterprises, LLC
2. (a) 28248 County Road 561 Tavares, FL 32778  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)
- (b) 28248 County Road 561 Tavares, FL 32778  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)
3. 9/28/2008 Date of filing/registration in Florida
4. L08000092552 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 32778

- (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

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