

L08000114794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

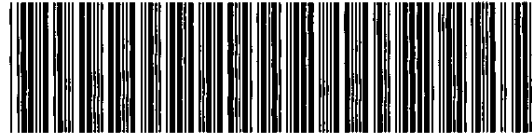
(Business Entity Name)

(Document Number)

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

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RA address  
change

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2015 JUN -1 PM 3:06  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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6/1/15

00789, 04085, 00671



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 15, 2015

Mitchell Tress  
MitchJeanT, LLC  
6400 SW 106th Street  
Pinecrest, FL 33156

SUBJECT: MITCHJEANT, LLC  
Ref. Number: L08000114794

We have received your document for MITCHJEANT, 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 Florida profit corporation, but your entity is a Florida limited liability company. 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) 245-6050.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 715A00010300

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MITCHELL JEANT, 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:

MITCHELL TRESS

Name of Person

MITCHELL JEANT, LLC

Firm/Company

6400 SW 106<sup>TH</sup> STREET

Address

PINECREST, FL 33156

City/State and Zip Code

mitress@bellsouth.net

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

For further information concerning this matter, please call:

MITCHELL TRESS

Name of Person

at ( 305 ) 299-5619

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

**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: MITCHELL SEANT, LLC

2. (a) 6400 SW 106TH STREET

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

PINECREST, FL 33156

(b) \_\_\_\_\_

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

3. 17 DEC 2008  
Date of filing/registration in Florida

4. L0800004794  
Document number

5. (a) KEAN, MICHAEL I ESQ

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

2101 WEST COMMERCIAL BLVD., STE 2800

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

FORT LAUDERDALE, FL 33309

(b) KEAN, MICHAEL I ESQ

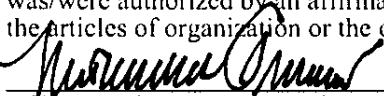
Enter name of NEW Registered Agent and/or NEW Registered Office address:

7111 FAIRWAY DRIVE, SUITE 302

NEW Registered Office Address:

PALM BEACH GARDENS, FL 33418

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

MITCHELL TRESS

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 of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00