

LO9000002949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

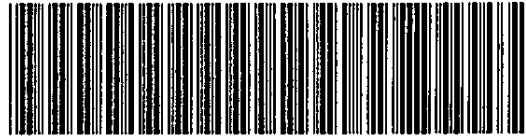
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700211280157

08/26/11--01009--011 **25.00

FILED
11 AUG 26 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 29 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Magnolia Shopping Center LLC.
Name of Limited Liability Company

Document # LO9000002949

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:

BARBARA SIMON
Name of Person

Magnolia Shopping Center LLC.
Firm/Company

275 COQUINA AVENUE
Address

Ormond Beach, Florida
City/State and Zip Code 32174

BABSK56@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Simon at (352) 216-1117
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
11 AUG 26 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Magnolia Shopping Center LLC.
2. (a) Principal office address of limited liability company: 275 Coquina Avenue
Osmond Beach, Florida
32174
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: Magnolia Shopping Center LLC.
% Barbara Simon
275 Coquina Avenue
Osmond Beach, Florida 32174
LO9000002949
(Note: MAY BE POST OFFICE BOX)
3. Date of filing/registration in Florida: 8-24-11
4. Document number

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

Registered Agent:

United States Corporation Agents, Inc.

Registered Office Address:

13302 Winding Oak Court
Suite A
TAMPA, Florida 33612

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

NEW Registered Agent:

Barbara Simon

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

275 COQUINA Avenue
OSMOND BEACH,
FL 32174

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

BARBARA Simon

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