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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECKETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 11 2009

EXAMINER

COVER LETTER

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Division of Corporations					
SUBJECT: MPN	/ Asset	Manager	nent, LLC		
Name	of Limited	Liability C	Company		
Dear Sir or Madam:					
The enclosed Registered Agent/Registere	d Office C	Change and	fee(s) are submi	itted for filing.	
Please return all correspondence concern	ing this ma	atter to the f	following:		
The second second second second		•	e the second		-
William P. Curtis					
Name of Person		·····			
MPM Asset Management,	LLC				
Firm/Company					
3333 W. Kennedy Blvd., Su	ite 206		,	E. 60	
Address	٠,			JUN 10 PM 3:31 REJARY OF STATE AHASSEE, FLORID	•
				TA:	
Tampa El 33600				% 338 √\	l
Tampa, FL 33609 City/State and Zip Code					Ĭ
51375 and 2.1p 5540				LS &	
hiller stic@iolondson.com				RATE 3	
billcurtis@islandmanageme E-mail address: (to be used for future annual repo	ort notification	n)			
For further information concerning this m	natter, plea	se call:		ı-	
William P. Curtis	at (813)	875-	6324	
Name of Person		Area C	Code & Daytime Tele		
CTDEET/COUDIED ADDRESS.		BALATI IN	G ADDRESS:		
STREET/COURIER ADDRESS: Registration Section			ion Section		
Division of Corporations	Division of Corporations				
Clifton Building		P.O. Box			
2661 Executive Center Circle			see, Florida 32314	ļ	
Tallahassee, Florida 32301					
Enclosed is a check for the follow	wing amo	unt:			
✓ \$25 Filing Fee		\$55 Fil	ing Fee & Certif	fied Copy	

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.

Name of the limited liability company:	MPM Asset Management, LLC			
2. (a) Principal office address of limited liability com	npany: MPM Asset Management, LLC			
(Note: MUST BE STREET ADDRESS)	3333 W. Kennedy Blvd., Suite 206 Tampa, FL 33609			
(b) Mailing address of limited liability company:	MPM Asset Management, LLC			
(Note: MAY BE POST OFFICE BOX)	3333 W. Kennedy Blvd., Suite 206 Tampa, FL 33609			
2/16/09	L09000015392			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:	Bronstein, Joel D.			
Registered Office Address:	150 2nd Avenue North, Suite 1100 St. Petersburg, FL 3370 US			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	NEW Registered Office address? William P. Curtis 3333 W. Kennedy Blv& Suite 206			
MUST BE FLORIDA STREET ADDRESS	Tampa ,FL33609			
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				
William P. Curtis				
Printed or typed name of signee				
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability complete the confirmation of	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in o merely reflect a change in the registered office pany 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