

LC9000024560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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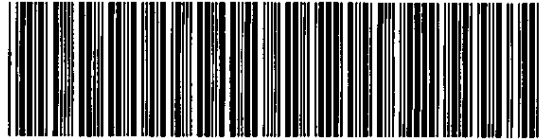
(Business Entity Name)

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OCT 18 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARK R OGRIN, 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:

MARK R OGRIN

Name of Person

MARK R OGRIN, LLC

Firm/Company

2018 HYTHE A

Address

BOCA RATON, FL 33434

City/State and Zip Code

OGRINM@GMAIL.COM

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

For further information concerning this matter, please call:

MARK OGRIN

Name of Person

at (561)

289-9012

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2016

MARK R OGRIN
2018 HYTHE A
BOCA RATON, FL 33434 US

SUBJECT: MARK R OGRIN, LLC
Ref. Number: L09000024560

RECEIVED
2017 OCT 17 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MARK R OGRIN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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: 816A00021134

**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: MARK R OGRIN, LLC

2. (a) 2018 HYTHE A, BOCA RATON, FL 33434 (b) 2018 HYTHE A, BOCA RATON, FL 33434

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

1/23/2016

L0900002450

3. Date of filing/registration in Florida

4. Document number

5. (a) MARK R OGRIN MARK R OGRIN, LLC

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

107 FANSHAW C, BOCA RATON, FL 33434

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

_____, FL _____

(b) MARK R OGRIN MARK R OGRIN, LLC

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

2018 HYTHE A, BOCA RATON, FL 33434

NEW Registered Office Address:

_____, FL _____

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.

Mark R Ogrin

Signature of a member or authorized representative of a member

Mark R Ogrin

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.

Mark R Ogrin

Signature of Registered Agent

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