

109000027908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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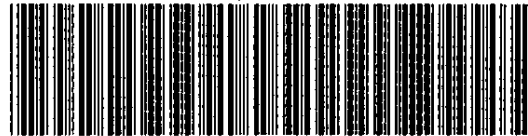
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

10 JUN 23 PM 3:02

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D. BRUCE

JUN 24 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MMYM Services
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:

DANH VO
Name of Person

MMYM Services
Firm/Company

8744 CURRITUCK SOUND LN
Address

ORLANDO FL 32829
City/State and Zip Code

mmym609@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danh Vo
Name of Person

at (407) 758 5651
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2010

OANH VO
8744 CURRITUCK SOUND LN
ORLANDO, FL 32829

SUBJECT: MMYM SERVICES LLC
Ref. Number: L09000027908

We have received your document for MMYM SERVICES 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):

Please complete parts 5a & 5b of the form.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 410A00013949

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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: MMYM Services
2. (a) Principal office address of limited liability company: Danh Vo
☐ (Note: **MUST BE STREET ADDRESS**) 8744 CURRITUCK SOUND LN
ORLANDO FL 32829
- (b) Mailing address of limited liability company: _____
☐ (Note: **MAY BE POST OFFICE BOX**) _____
3. Date of filing/registration in Florida 5/27/2010
4. Document number LP9.000027908
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: DANH VO
- Registered Office Address: 7285 WINDHAM HARBOUR AVE
ORLANDO FL 32829
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
- NEW Registered Agent:** DANH VO
- NEW Registered Office Address:** 8744 CURRITUCK SOUND LN
(MUST BE FLORIDA STREET ADDRESS) ORLANDO FL 32829

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

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

FILED
10 JUN 23 PM
TALLAHASSEE, FL
SECRETARY OF