

LO9000060863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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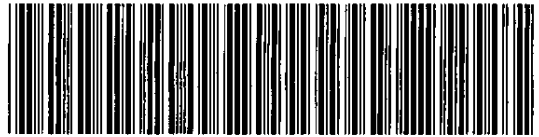
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SEP 28 2009

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M & L MOWER MEDICS, 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:

LISA A. FIANO

Name of Person

M & L MOWER MEDICS, LLC

Firm/Company

12443 MESA VERDE TRAIL

Address

JACKSONVILLE, FLORIDA 32223-3295

City/State and Zip Code

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

For further information concerning this matter, please call:

DIANA R. COSTARAKIS

Name of Person

at (904)

282-1222

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

August 27, 2009

LISA A. FIANO
12443 MESA VERDE TRAIL
JACKSONVILLE, FL 32223-3295

SUBJECT: M & L MOWER MEDICS, LLC
Ref. Number: L09000060863

We have received your document for M & L MOWER MEDICS, 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):

The registered agent must sign accepting the designation.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 109A00028904

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: M & L MOWER MEDICS, LLC

2. (a) Principal office address of limited liability company: 12443 MESA VERDE TRAIL

☒ (Note: MUST BE STREET ADDRESS) JACKSONVILLE, FLORIDA 32223-3295

(b) Mailing address of limited liability company: 12443 MESA VERDE TRAIL

☒ (Note: MAY BE POST OFFICE BOX) JACKSONVILLE, FLORIDA 32223-3295

JUNE 23, 2009 L09000060863
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: LISA A. FIANO

Registered Office Address: 12201 NOBLEMAN DRIVE
JACKSONVILLE, FLORIDA 32223-3295

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

NEW Registered Agent:

NEW Registered Office Address: 12443 MESA VERDE TRAIL

(MUST BE FLORIDA STREET ADDRESS) JACKSONVILLE, FL 32223-3295

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.

Diana R. Costarakis
Signature of a member or authorized representative of a member

Diana R. Costarakis
Printed or typed name of signer

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.

LISA A. FIANO
Signature of Registered Agent

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