

L 10 000046393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

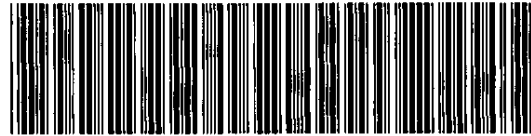
(Business Entity Name)

(Document Number)

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AUG 13 2010

EXAMINER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 AUG 12 PM 12:32

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MIA Business 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:

Anna Ionashky  
Name of Person

MIA Business LLC  
Firm/Company

15024 Dahlgren Ave  
Address

Port Charlotte FL 33953  
City/State and Zip Code

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

For further information concerning this matter, please call:

Anna Ionashky at (941) - 204 - 7004  
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

2010 AUG 12 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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: MIA Business LLC

2. (a) Principal office address of limited liability company:



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

15024 Dahlgren Ave



(b) Mailing address of limited liability company:

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

Port Charlotte FL

33953

Same

4-30-2010

3. Date of filing/registration in Florida

4. Document number

L10000046393

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

Registered Agent:

Anna Ionashku

Registered Office Address:

15024 Dahlgren Ave

Port Charlotte FL

33953

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

**NEW Registered Agent:**

Mikhail Ionashku

**NEW Registered Office Address:**

Same

**(MUST BE FLORIDA STREET 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.

Signature of a member or authorized representative of a member

Anna Ionashku

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