

L10000055203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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JUN 24 2010

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUN 23 PM 2:47

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAB ARCHER, 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:

BRET JONES

Name of Person

BRET JONES, P.A.

Firm/Company

700 ALMOND STREET

Address

CLERMONT, FLORIDA 34711

City/State and Zip Code

BJONES@BRETJONESPA.COM

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

For further information concerning this matter, please call:

BRET JONES

Name of Person

at ( 352 )

394-4025

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

June 1, 2010

BRET JONES  
700 ALMOND STREET  
CLERMONT, FL 34711

SUBJECT: MAB WINDCHIME, LLC  
Ref. Number: L10000055203

We have received your document for MAB WINDCHIME, 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.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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: 710A00013645



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 16, 2010

BRET JONES  
700 ALMOND STREET  
CLERMONT, FL 34711

SUBJECT: MAB WINDCHIME, LLC  
Ref. Number: L10000055203

We have received your document for MAB WINDCHIME, 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):

You failed to make the correction(s) requested in our previous letter.

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: 410A00014908

**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: MAB ARCHER, LLC

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

☐

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

11642 GRACES WAY  
CLERMONT, FLORIDA 34711

(b) Mailing address of limited liability company: \_\_\_\_\_

☐

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

11642 GRACES WAY  
CLERMONT, FLORIDA 34711

MAY 21, 2010  
3. Date of filing/registration in Florida

L10000055203  
4. Document number

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

Registered Agent: MARK BORYSIEWICZ

Registered Office Address: 11642 GRACES WAY  
CLERMONT, FLORIDA 34711

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

**NEW** Registered Agent: BRET JONES

**NEW** Registered Office Address:  
**(MUST BE FLORIDA STREET ADDRESS)** BRET JONES, P.A.  
700 ALMOND STREET  
CLERMONT, FL 34711

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.

Bret Jones  
Signature of a member or authorized representative of a member

BRET JONES

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity, 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.*

Bret Jones  
Signature of Registered Agent

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

**FILED**  
**10 JUN 23 PM 3:17**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**