

L10000092321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

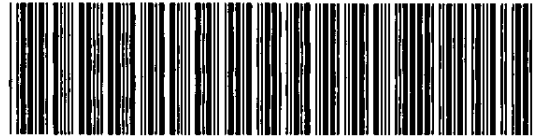
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R. WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2014

MICHAEL EGAN
999 VANDERBILT BEACH RD STE 601
NAPLES, FL 34108

SUBJECT: MACROMIKE, LLC
Ref. Number: L10000092321

We have received your document for MACROMIKE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 614A00021539

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Macromike, LLC
Name of Corporation

DOCUMENT NUMBER: L10000092321

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Egan

Name of Contact Person

Macromike, LLC

Firm/Company

999 Vanderbilt Beach Road Suite 601

Address

Naples, FL 34108

City/State and Zip Code

michael_j_egan@yahoo.com

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

For further information concerning this matter, please call:

Michael Egan

Name of Contact Person

at (239) 333-9933

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: Macromike, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

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

Mailing address of limited liability company:

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

999 Vanderbilt Beach Road Suite 602 P.O. Box 770442

Naples, FL 34108

Naples, FL 34107

09/01/2010

L10000092321

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:

NRAI Services, Inc.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2731 Executive Park Drive, Suite 4

Weston, FL 33331

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

Michael J. Egan

NEW Registered Office Address:

999 Vanderbilt Beach Road Suite 602

Naples, FL 34108

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.

Michael J. Egan
Signature of a member or authorized representative of a member

Michael J. Egan, Managing 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 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.

Michael J. Egan
Signature of Registered Agent

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

FILED
14 OCT 22 AM 8:48
TALLAHASSEE, FLORIDA