

L1 0000128388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

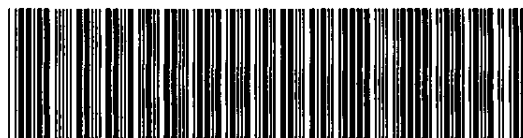
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300207920473

05/27/11--01010--006 **25.00

T. CLIN

MAY 31 2011

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY 27 AM 10 56

FILED

L10-128388

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MDR Consulting Group, 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:

DENNIS GRECO
Name of Person

MDR Consulting Group, LLC
Firm/Company

4228 WINFALL AVE
Address

NORTH PORT, FL 34286
City/State and Zip Code

JDGRECO1@COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DENNIS GRECO at (941) 423 9286
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

2011 MAY 27 AM 10:56
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: MDR Consulting Group, LLC.

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

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

4228 Winfall Ave
North Port, FL 34286

(b) Mailing address of limited liability company: _____

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

4228 Winfall Ave
North Port, FL 34286

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: _____

MARIO VALEZ SUVEREN

Registered Office Address: _____

5885 Cassin Ave
North Port, FL 34291

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

NEW Registered Agent: _____

DENNIS GRECO

NEW Registered Office Address: _____

(**MUST BE FLORIDA STREET ADDRESS**)

4228 Winfall Ave
North Port, FL 34286

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.

Dennis Greco
Signature of a member or authorized representative of a member

DENNIS GRECO
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.

Dennis Greco
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00