

111 0000024331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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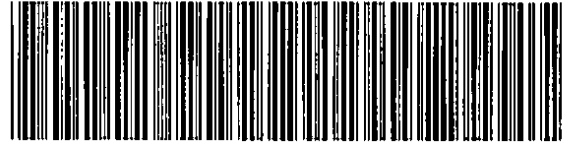
Special Instructions to Filing Officer:

J. HORNE

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2021 NOV 30 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FL 32399





FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 OCT 29 PM 10:44

October 27, 2021

BRINA CABRERA
2810 W ST ISABEL ST
SUITE 201
TAMPA, FL 33607 US

SUBJECT: MGSI, LLC
Ref. Number: L11000024331

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

The form you submitted is for a PROFIT CORPORATION, but your entity is a LLC. 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.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 221A00026135

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MGSI, 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:

Berna Cabrera
Name of Person

MGSI, LLC
Firm/Company

2810 W. St Isabel St Suite 201
Address

Tampa FL 33607
City/State and Zip Code

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

For further information concerning this matter, please call:

Berna Cabrera at (813) 890-8804
Name of Person Area Code & Daytime Telephone Number

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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: MGSI, LLC

2. (a) 2810 W. St Isabel Street

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Suite 201
Tampa, Florida 33607

(b)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

3. 2-25-2011
Date of filing/registration in Florida

4. L11000024331
Document number

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

708 South Church Ave
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa, FL 33609

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

100 N. Tampa Street
NEW Registered Office Address:

Suite 1900
Tampa, FL 33602

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.

Reina Cabrera
Signature of a member or authorized representative of a member

Reina Cabrera
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 by writing of this change.

[Signature]
Signature of Registered Agent

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

2021 NOV 30 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FL 32310

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