

L11000049291

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

OCT -8 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MT Consulting, 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:

Eileen K. Tobin, Corporate Paralegal

Name of Person

Cameron & Mittleman LLP

Firm/Company

301 Promenade Street

Address

Providence, RI 02908

City/State and Zip Code

ETOBIN@CM-LAW.COM

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

For further information concerning this matter, please call:

Eileen K. Tobin, Corporate Paralegal

Name of Person

at (401)

331-5700 x336

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

CAMERON & MITTLEMAN LLP



Attorneys at Law

ETobin@cm-law.com

September 30, 2011

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Florida Secretary of State
Registration Section-Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: MT Consulting, LLC, a Florida LLC – Change of Registered Agent
Document #: L11000049291

Dear Sir/Madam:

Enclosed for filing please find a Change of Registered Agent for MT Consulting, LLC, a Florida limited liability company, together with a check in the amount of \$25 to cover the filing fee.

Upon filing, please stamp the enclosed copy of the Change of Agent with the filing information and return it to the undersigned in the enclosed self-addressed stamped envelope.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,

Eileen K. Tobin
Corporate Paralegal

Enclosures

G:\dia\Tranghese\MT Consulting-FL\ltr FL SOS-Change Agent LLC (MT Consult) 9-30-11.docx

Richard S. Mittleman
E. Colby Cameron*
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Of Counsel

Lori J. Lousarian*

**Also admitted in Massachusetts*

†Also admitted in Florida

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: MT Consulting, LLC

2. (a) Principal office address of limited liability company: 915 Oak Harbour Drive

(Note: **MUST BE STREET ADDRESS**) Juno Beach, FL 33408

(b) Mailing address of limited liability company: Same

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

3. Date of filing/registration in Florida 4/26/11 4. Document number L11000049291

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

Registered Agent: C T Corporation System

Registered Office Address: 1200 South Pine Island Road
Plantation, FL 33324

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

NEW Registered Agent: Michael A. Tranghese

NEW Registered Office Address: 915 Oak Harbour Drive

(MUST BE FLORIDA STREET ADDRESS) Juno Beach, FL 33408

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 A. Tranghese
Signature of a member or authorized representative of a member

Michael A. Tranghese
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.

Michael A. Tranghese
Signature of Registered Agent

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

FILED
OCT -5 AM 11:51
CLERK OF STATE
TALLAHASSEE, FLORIDA