

# L11000124926

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

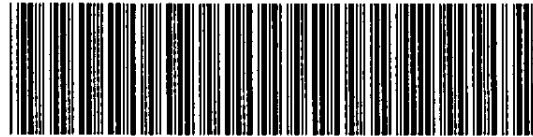
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2012 NOV 15 PM 1:18

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EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** M/M Auto Care Center, 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:

Brian M. Kracht

Name of Person

Kracht Law Firm, PA

Firm/Company

218 Palmetto Avenue

Address

Orlando, Florida 32801

City/State and Zip Code

bkracht@krachtlawfirm.com

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

For further information concerning this matter, please call:

Brian M. Kracht at ( 407 ) 244-5522

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

**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: M/M Auto Care Center, LLC

2. (a) Principal office address of limited liability company: 9951 South Orange Blossom Trail  
Orlando, Florida 32837  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: 4301 Millenia Blvd.  
Orlando, Florida 32839  
**(Note: MAY BE POST OFFICE BOX)**

11/02/2011

3. Date of filing/registration in Florida

L11000124926

4. Document number

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

Registered Agent:

INVICTUS LAW GROUP, P.L.

Registered Office Address:

208 EAST COLONIAL DRIVE  
Orlando, Florida 32801

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

**NEW** Registered Agent:

Kracht Law Firm, PA

**NEW** Registered Office Address:

218 Palmetto Avenue

**(MUST BE FLORIDA STREET ADDRESS)**

Orlando, FL 32801

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.

Brian M. Kracht  
Signature of a member or authorized representative of a member

Brian M. Kracht, agent for member  
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.*

Brian M. Kracht  
Signature of Registered Agent

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