

L11000125977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

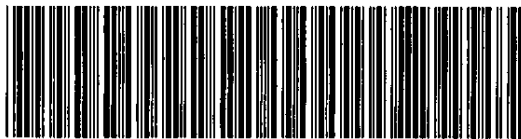
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100270039291

03/10/15--01029--015 **25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 APR 13 PM 2:59

APR 14 2015

T. CARTER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2015

DEBI GHEORGE-ALTEN, ESQ.
DEBI GHEORGE-ALTEN, P.A.
PO BOX 771105
CORAL SPRINGS, FL 33077-1105 US

SUBJECT: MISSION THRIFT CITY, LLC
Ref. Number: L11000125977

We have received your document for MISSION THRIFT CITY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The registered agent's signature is not suitable for archiving as it is not dark enough for imaging.

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.

Tina D Carter
Regulatory Specialist

Letter Number: 615A00005255

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mission Thrift City

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:

Debi Gheorge-Alten, Esq.

Name of Person

Debi Gheorge-Alten, P.A.

Firm/Company

PO Box 771105

Address

Coral Springs, FL 33077-1105

City/State and Zip Code

daltenlaw@att.net

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

For further information concerning this matter, please call:

Debi Gheorge-Alten

at (954)

575-9229

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 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: Mission Thrift City

2. (a) 220 Conway (b) 1299 B. NW 40th Ave

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

Mission, TX 78572

Lauderhill, FL 33313

11/04/2011

L11000125977

3. Date of filing/registration in Florida

4. Document number

5. (a) Debi Gheorge-Alten, P.A.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7401 WILES RD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Coral Springs, FL 33076

(b) Debi Gheorge-Alten, P.A.

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

7531 Wiles Rd Ste 101

NEW Registered Office Address:

Coral Springs, FL 33067

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 APR 13 PM 2:59

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.

Signature of a member or authorized representative of a 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.

Signature of Registered Agent

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