# 11000141721

(Requestor's Name)					
(Address)					
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(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(50	Ending Flan	,			
(Document Number)					
Certified Copies	Certified Copies Certificates of Status				
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Special Instructions to	Filing Officer:				
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Office Use Only



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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Martini Tile & Marble 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:

# **David Corazza**

Name of Person

# Martini Tile & Marble LLC

Firm/Company

10010 Vineyard Lane

Address

Port Richey, FL 34668

City/State and Zip Code

Martini Tile & Marble LLC @ aol.com

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

For further information concerning this matter, please call:

**David Corazza** 

...121

967-0436

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.	Naı	me of the limited liability company: Martin Tile & Marble LLC	,	<u></u>			
	Principal office address of limited liability company	10010 Vineyard Lane					
	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Port Richey, Fl 34668				
				<del>~~~~</del>			
	(b)	Mailing address of limited liability company:	Same				
		(Note: MAY BE POST OFFICE BOX)		क्			
				2			
12/	19/20	11	L11000141721	2			
3.	Dat	e of filing/registration in Florida	4. Document number				
5. (a	(a)	a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
		Registered Agent:	The Company Corporation				
		0 - 1 1 0 00 - + 11	0744 O ill. D				
		Registered Office Address:	2711 Centerville Road Wilmington, DE 19808				
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :					
		NEW Registered Agent:	David Corazza				
		NEW Registered Office Address:	10010 Vineyard Lane				
(MUST BE FLORIDA STREET ADDRESS)		(MUST BE FLORIDA STREET ADDRESS)	Port Richey, FL 34668				
				,FL			
cor and lia the the	nfiri d the bilit e me e ope	imited liability company is not organized under the la med that after the change or changes are made, the Flore business office of the registered agent will be identically company, it is hereby confirmed that the change(s) misers of the limited liability company or as otherwise trating agreement of the limited liability company.	orida street address of the	registered office			
	vid Co						
Pri	inted	or typed name of signee					
CO	mn/ı	by accept the appointment as registered agent and age with the provisions of all statutes relative to the proming amiliar with and accept the obligations of my poser 608, F.S. Or, if this document is being filed to mers, I hereby confirm that the limited liability company	nor and complete përtorn	iance of my dulies			
Sig	/////gnatur	e of Registered Agent					

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