

L12000125164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan SEP 26 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MacroLink Solutions 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:

Paul Ireson

Name of Person

MacroLink Solutions LLC

Firm/Company

2348 West Andrew Johnson HWY

Address

# 204 Morristown TN 37814

City/State and Zip Code

paul@macrolinksolutions.com

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

For further information concerning this matter, please call:

Paul Ireson

Name of Person

at ( 239 ) 707 4521

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 23, 2013

PAUL IRESO  
2348 WEST ANDREW JOHNSON HWY  
#204 MORRISTOWN, TN 37814

SUBJECT: MACROLINK SOLUTIONS LLC  
Ref. Number: L12000125164

We have received your document for MACROLINK SOLUTIONS 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

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) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 913A00020186

**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: MacroLink Solutions LLC

2. (a) Principal office address of limited liability company: MacroLink Solutions LLC

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

2348 West Andrew Johnson HWY  
# 204 Morristown TN 37814

(b) Mailing address of limited liability company:

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

10/01/2010

3. Date of filing/registration in Florida

L12000125164

4. Document number

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

Registered Agent:

Lawrence Swan

Registered Office Address:

709 Cape Coral PKWY W  
Cape Coral  
FL 33914

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

**NEW Registered Agent:**

Russell Alba

**NEW Registered Office Address:**

(**MUST BE FLORIDA STREET ADDRESS**)

Black Swan Legal Council  
101 South Franklin Street  
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.

Paul Ireson

Digitally signed by Paul Ireson  
DN: cn=Paul Ireson, o=MacroLink Solutions, ou=LLC, email=paul@macrolink.com, c=US  
Date: 2010.08.19 17:18:34 -0500

Signature of a member or authorized representative of a member

Paul Robert Ireson

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.*

Russell Alba

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00