

L120000152703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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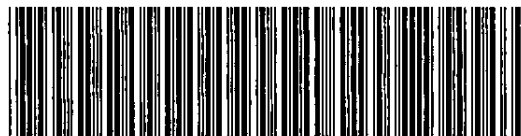
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 18, 2012

RANDY MONTZ
MANAGEMENT ASSOCIATES, LLC
602 SE 21ST LN.
CAPE CORAL, FL 33990

SUBJECT: MANAGEMENT ASSOCIATES, LLC
Ref. Number: L12000152703

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TALLAHASSEE, FLORIDA

We have received your document for MANAGEMENT ASSOCIATES, 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):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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.

Joey Bryan
Regulatory Specialist II

Letter Number: 312A00029811

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Management Associates, 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:

Randy Montz
Name of Person

Management Associates, LLC
Firm/Company

602 SE 21st Ln
Address

Cape Coral, Fl. 33990
City/State and Zip Code

managementassociates@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randy Montz at (239) 850-0645
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

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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: Management Associates

2. (a) Principal office address of limited liability company: 602 SE 21st Ln
(Note: **MUST BE STREET ADDRESS**) Cape Coral, FL 33990

(b) Mailing address of limited liability company: 602 SE 21st Ln
(Note: **MAY BE POST OFFICE BOX**) Cape Coral, FL 33990

12-06-2012 4. Document number 412000152703

3. Date of filing/registration in Florida

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

Registered Agent: United States Corporation Agents, Inc

Registered Office Address: 13302 Winding Oaks Court
STE A
Tampa, FL 33612

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

NEW Registered Agent: Randy Montz

NEW Registered Office Address: 602 SE 21st Ln
(**MUST BE FLORIDA STREET ADDRESS**) Cape Coral, FL 33990

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.

Randy Montz
Signature of a member or authorized representative of a member

Randy Montz
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.

Randy Montz
Signature of Registered Agent

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

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DEC 31 AM 8:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE