

L13000099263

Florida Department of State
Division of Corporations
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To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : GLENN RASMUSSEN, P.A.
 Account Number : 119990000156
 Phone : (813) 229-3333
 Fax Number : (813) 229-5946

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Email Address: mike@loudengroup.com

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LLC REGISTERED AGENT CHANGE MADDA FELLA, LLC

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Page Count	01
Estimated Charge	\$25.00

JUL 24 2013
D. BRUCE

FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Glenn Rasmussen PA
DATE	2013-07-23 09:58:40 EDT
RE	Madda Fella, LLC - Change of Registered Agent

COVER MESSAGE

Please see the attached LLC Registered Agent Change form for filing.

Thank you.

Teresa Metcalf

Assistant to Matthew Pipes

Glenn Rasmussen, P.A.

100 South Ashley Drive, Suite 1300 | Tampa, Florida 33602

813.229.3333 | 813.229.5946 Fax |

Tmetcalf@glennrasmussen.com<mailto:Tmetcalf@glennrasmussen.com>

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[cid:image003.jpg@01CE878B.27CCCC20]

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Madda Fella, 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:

Michael Louden

Name of Person

Madda Fella, LLC

Firm/Company

1155 Brickell Bay Drive, Apt. 2004

Address

Miami, FL 33131

City/State and Zip Code

mike@loudengroup.com

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

For further information concerning this matter, please call:

Michael Louden

Name of Person

at (410) 952-5052

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: Madda Fella, LLC
2. (a) Principal office address of limited liability company: 1155 Brickell Bay Drive, Apt. 2004 (Note: MUST BE STREET ADDRESS) Miami, FL 33131
(b) Mailing address of limited liability company: 1155 Brickell Bay Drive, Apt. 2004 (Note: MAY BE POST OFFICE BOX) Miami, FL 33131

July 12, 2013 L1300C099263
3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: Matthew D. Pupos
Registered Office Address: Glenn Rasmussen, P.A. 100 S. Ashley Drive, Suite 1300 Tampa, FL 33602

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent: Michael Loudon
NEW Registered Office Address: 1155 Brickell Bay Drive, Apt. 2004 (MUST BE FLORIDA STREET ADDRESS) Miami, FL 33131

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
Michael Loudon, Manager
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.

Signature of Registered Agent

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

