

L13000148786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

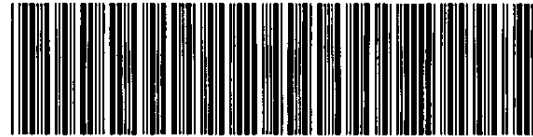
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/26/14--01010--028 **35.00

7:41 PM
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUL 11 AM 10:11

C. LEWIS
JUL 29 2014
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 14, 2014

PETER J DECKER / HT PARTNERS LLC
180 WESTBROOK RD UNIT 4
ESSEX, CT 06426 US

SUBJECT: MANNCO OF OHIO LLC
Ref. Number: L13000148786

We have received your document for MANNCO OF OHIO LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 614A00015078

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mannco of Ohio 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:

Peter J. Decker

Name of Person

HT Partners LLC

Firm/Company

180 Westbrook Road, Unit 4

Address

Essex, CT

City/State and Zip Code

peter.decker@htptrs.com

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

For further information concerning this matter, please call:

Peter J Decker

at (860)

661-4161

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: Mannco of Ohio LLC

2. (a) 8040 Silkrider Court, Cincinnati, OH 45249 (b) 8040 Silkrider Court, Cincinnati, OH 45249

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

10/22/2013

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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:

Merritt Gardner

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5415 Mariner Street, Suite 200

Tampa, FL 33609

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

Business Filings Incorporated

NEW Registered Office Address:

515 E Park Avenue

Tallahassee, FL 32301

14 JUL 11 AM 10:11
DIVISION OF STATE
CORPORATIONS

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]
Signature of a member or authorized representative of a member

Chris Mann

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]
Signature of Registered Agent