

L13000153860

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

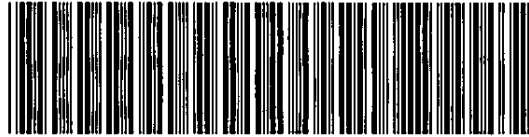
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 DEC 23 PM 1:20

C.L.  
12-30-14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 11, 2014

JOHN M. ROMANO / JME SERVICE GROUP, LLC  
6442 CHATHAM VIEW CT.  
WINDERMERE, FL 34786 US

SUBJECT: JMR SERVICE GROUP, LLC  
Ref. Number: L13000153860

We have received your document for JMR SERVICE GROUP, 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).

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

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 514A00026219

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JMR Service Group, 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:

John Romano  
Name of Person

JMR Service Group, LLC.  
Firm/Company

16442 Chatham View Ct.  
Address

Wundermere FL 34786  
City/State and Zip Code

John.Romano45@Gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Romano at (407) 429-9652  
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: JMR Service Group, LLC

2. (a) 6442 Chatham View Ct (b) 6442 Chatham View Ct

Principal office address of limited liability company:

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

Wundermere FL 34786

Mailing address of limited liability company:

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

Wundermere FL 34786

3. 4/21/2014  
Date of filing/registration in Florida

4. L13000153860  
Document number

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

1201 HAYS STREET

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301

(b) John Romano

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

6442 Chatham View Ct

NEW Registered Office Address:

Wundermere, FL 71 34786

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

John M. Romano  
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 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

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

FILING FEE: \$25.00

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