

L130001107250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

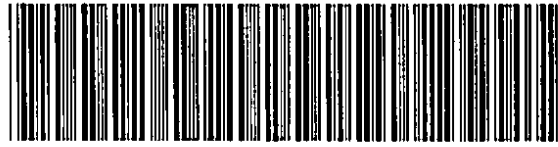
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TALLAHASSEE, FLORIDA

JAN 19 2016

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: McGUINNESS COMMERCIAL PROPERTIES, 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:

Anthony J. McGuinness
Name of Person

McGUINNESS COMMERCIAL PROPERTIES, LLC
Firm/Company

320 High Tide Dr.
Address

St. Augustine, FL 32080
City/State and Zip Code

AJMR@BELL SOUTH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony McGuinness at (904) 687-9603
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

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.

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18 JAN 18 PM 2:49
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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