

L14000148754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

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*Wrong form*

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10 AUG 17 PM 3:22  
STATE OF STAFF  
OFFICE OF CORPORATIONS

*Ra Change*

AUG 20 2018

D CUSHING

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Mid Florida Hearing, LLC  
Name of Corporation

DOCUMENT NUMBER: L14000148754

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William B Mahan, Jr.

Name of Contact Person

Mid Florida Hearing

Firm/Company

713 Kristine Way

Address

The Villages, Fl. 32163

City/State and Zip Code

Midfloridahearing@aol.com

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

19 AUG 17 PM 3:23

FILED  
DEPT. OF STATE  
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Bart Mahan

Name of Contact Person

at ( 352 ) 751-3400

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 6, 2018

WILLIAM B MAHAN, JR.  
MID FLORIDA HEARING  
713 KRISTINE WAY  
THE VILLAGES, FL 32163

SUBJECT: MID FLORIDA HEARING, LLC  
Ref. Number: L14000148754

We have received your document for MID FLORIDA HEARING, 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).

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) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 618A00016121

RECEIVED  
18 AUG 17 PM 5:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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: MID FLORIDA HEARING
2. (a) MID FLORIDA HEARING (b) MID FLORIDA HEARING  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- 4332 SERENE CIRCLE 4332 SERENE CIRCLE  
FRUITLAND PARK 34731 FRUITLAND PARK 34731  
09/23/2014 L14000148754
3. Date of filing/registration in Florida 4. Document number

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

4332 SERENE CIRCLE  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
FRUITLAND PARK FL.  
34731 FL

- (b) WILLIAM B. MAHAN JR.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

713 KRISTINE WAY  
NEW Registered Office Address:  
THE VILLAGES FL. 32163

\_\_\_\_\_, FL \_\_\_\_\_

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

WILLIAM B. MAHAN JR.  
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 of Registered Agent

FILED  
CLERK OF STATE  
OFFICE  
19 AUG 17 PM 3:23  
TALLAHASSEE, FL 32314