115000028162

(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
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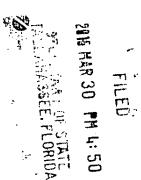
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RA address

03/30/15--01008--004 **25.00



4/21/15

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divis	sion of Corporations					
SUBJECT:	1926 Mannheim LLC					
	Name of Limited Liability Company					
Dear Sir or N	∕ladam:					
The enclosed	Registered Agent/Registered Offi	ce Change and f	ee(s) are submitted for filing.			
Please return	all correspondence concerning the	s matter to the f	ollowing:			
Sorin J Lu	pu					
	Name of Person	,	_			
1926 Man	nheim LLC					
	Firm/Company		_			
P.O. Box 6	60014					
	Address					
Fort Myers	s, FL 33906					
	City/State and Zip Code		••••			
	ney@yahoo.com					
E-mail	address: (to be used for future ann	ual report notific	cation)			
For further in	nformation concerning this matter,	please call:				
Ellen Kear	ney	860	978-0005			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: MAILING ADDRESS:					
	stration Section	Registration Section				
	sion of Corporations	Division of Corporations P.O. Box 6327				
	on Building Executive Center Circle	Tallahassee, Florida 32314				
	ahassee, Florida 32301	rananassee, riorida 32314				
Enclosed is a check for the following amount:						
_ \(\overline{\	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. Na	ame of the limited liability company: 1926 Mannhei	im LLC				
2. (a)	9128 Strada Place #10115	(b) P.O. Box 60014				
<u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)		ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Naples, FL 34108	<u>-</u> -	Fort Myer	ers, FL 33906		
	02/15/2015	_	.15000028	3162		
3.	Date of filing/registration in Florida	4.		Occument number		
5. (a)	Sorin Lupu					
()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	112 East Avenue					
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		60.K. to		
				2		
	Naples .FL	34108	}			
	, FL_			F.L.		
(b)						
, ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (Office add	ess:			
	9128 Strada Place			PH 4: 50 OF STATE E. FLORID		
	NEW Registered Office Address:	-		· 3*		
	#10115					
	Naples, FL_	34108				
the cha agent was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the regist bility cor f the limit	ered office a npany, it is l ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
	Sor Tupu / ch	Sori	n Lupu			
	ture of a momber or authorized representative of a member			Printed or typed name of signee		
provis. the obt to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to act i performa I for in Ci pereby con	n this capac nce of my di hapter 605, nfirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been		
Signati	fre of Registered Agent					