

45000082639

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : TOBIN & REYES, P.A.
Account Number : 120000000155
Phone : (561) 620-0656
Fax Number : (561) 620-0657

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT CHANGE
MPL DEVELOPMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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JUL 21 2015

S. YOUNG

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MFL DEVELOPMENT 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:

Debra Getts, Esq.

Name of Person

Tobin & Reyes, P.A.

Firm/Company

225 N.E. Mizner Boulevard, Suite 510

Address

Boca Raton, FL 33432

City/State and Zip Code

llya@mfldevelopment.com

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

For further information concerning this matter, please call:

Debra Getts, Esq.

Name of Person

at (561) 620-0656

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

INHS18 (2/14)

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**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: MFL Development LLC

2. (a) <u>Principal office address of limited liability company:</u> (Note: <u>MUST BE STREET ADDRESS</u>) <u>1680 Michigan Avenue, Suite 700</u> <u>Miami Beach, FL 33139</u>	(b) <u>Mailing address of limited liability company:</u> (Note: <u>MAY BE POST OFFICE BOX</u>) <u>302 Winchester Street</u> <u>Newton, MA 02461</u>
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3. <u>May 8, 2015</u> Date of filing/registration in Florida	4. <u>L15000082639</u> Document number
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5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Yefim Massarsky
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
18011 Biscayne Boulevard, 1102
Aventura, FL 33160

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Yefim Massarsky
NEW Registered Office Address:
MFL Development LLC, 1680 Michigan Avenue, Suite 700
Miami Beach, FL 33139

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 TALLAHASSEE, FLORIDA

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.

<u>Signature of member or authorized representative of a member</u>	07/17/15 <u>Yefim Massarsky</u> Printed or typed name of signer
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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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
 FILING FEE: \$25.00

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