

L15000200600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200279699612

12/11/15--01004--012 \*\*35.00

FILED  
15 DEC 28 PM 1:46  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

DEC 30 2015  
Y SULKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 15, 2015

FELIX R PENALVER  
6659 83RD AVE NORTH  
PINELLAS PARK, FL

SUBJECT: GLOBAL MCS, LLC  
Ref. Number: L15000200600

We have received your document for GLOBAL MCS, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 215A00026197

RECEIVED  
15 DEC 28 PM 2:37  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Global MCS, 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:

Felix R. Penalver

\_\_\_\_\_  
Name of Person

Global MCS, LLC

\_\_\_\_\_  
Firm/Company

6659 83rd Ave North

\_\_\_\_\_  
Address

Pinellas Park, FL 33781

\_\_\_\_\_  
City/State and Zip Code

felix@globalmcs.net

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

For further information concerning this matter, please call:

Felix R. Penalver

at ( 727 ) 686-1505

\_\_\_\_\_  
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: Global MCS, LLC

2. (a) 6659 83rd Ave North (b) 6659 83rd Ave North

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

Pinellas Park, FL 33781

Pinellas Park, FL 33781

12/01/2015

L15000200600

3. Date of filing/registration in Florida

4. Document number

5. (a) United States Corporation Agents, Inc.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 Winding Oak Court A

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Tampa, FL 33612

(b) Felix R. Penalver

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

6659 83rd Ave North

**NEW Registered Office Address:**

Pinellas Park, FL 33781

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

Felix R. Penalver

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

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

FILED  
15 DEC 28 PM 1:46  
TALLAHASSEE, FLORIDA