

416000077125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

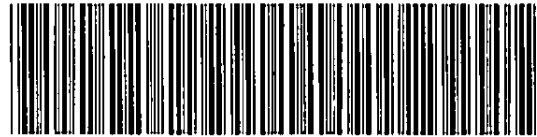
(Business Entity Name)

(Document Number)

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2017 AUG 23 P 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

n BRUCE
AUG 24 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 4, 2017

MARCOS NEGREIRA
898 NW 84TH DRIVE
CORAL SPRINGS, FL 33071

SUBJECT: M NEGREIRA LLC
Ref. Number: L16000077125

We have received your document for M NEGREIRA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Deborah Bruce
Regulatory Specialist III

Letter Number: 917A00015873

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M NEGREIRA 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:

Marcos Negreira

Name of Person

M NEGREIRA LLC

Firm/Company

898 NW 84th Drive

Address

Coral Springs, FL 33071

City/State and Zip Code

marcos@mnegreira.com

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

For further information concerning this matter, please call:

Marcos Negreira

954

821-4247

at ()

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

M NEGREIRA LLC

1. Name of the limited liability company: 898 NW 84th Drive
2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Coral Springs, FL 33071
- (b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Coral Springs, FL 33071
3. Date of filing/registration in Florida 04/19/2016
4. Document number L16000077125
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
898 NW 84th Drive
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Coral Springs, FL 33071
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Office Address:
550 NorthEast 32 Street
Oakland Park, FL 33334

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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.

MARCOS NEGREIRA

Signature of a member or authorized representative of a member

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