

L17 000 196642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

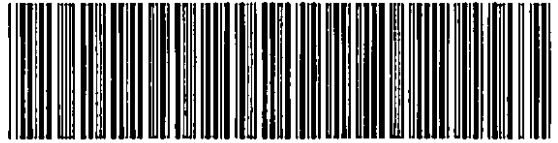
(Document Number)

Certified Copies _____ Certificates of Status _____

31/5/21

Special Instructions to Filing Officer:

Office Use Only



300357909113 ✓

01/21/21--01013--024 **25.00

S. TALLENT
APR 08 2021

2021 APR 15 PM 1:37

R/H-CH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2021

KATY SCHAAN
13435 S. MCCALL RD. UNIT 16, #348
PORT CHARLOTTE, FL 33981

SUBJECT: NORTH MYAKKA PARTNERS, LLC
Ref. Number: L17000196642

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

The document must be signed by a member or an authorized representative of a member.

The registered agent must sign accepting the designation.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 521A00004620

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTH MYAKKA PARTNERS, 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:

Katy Schaan

Name of Person

Midwest Management II, LLC

Firm/Company

13435 S. McCall Rd. Unit 16, #348

Address

Port Charlotte, FL 33981

City/State and Zip Code

katy@midwestmanagement.net

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

For further information concerning this matter, please call:

Katy Schaan

847

305-2103 ext. 2

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: NORTH MYAKKA PARTNERS, LLC

2. (a) NORTH MYAKKA PARTNERS, LLC (b) Midwest Management II, LLC

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

18610 Fort Smith Circle

13435 S. McCall Rd. Unit 16, #348

Port Charlotte, FL 33948

Port Charlotte, FL 33981

09/22/2017

L17000196642

3. Date of filing/registration in Florida

4. Document number

5. (a) Cynthia H. McManus

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

Cynthia H. McManus

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

3082 Albin Avenue

North Port, FL 34826

(b) NORTH MYAKKA PARTNERS, LLC

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

Katy Schaan

NEW Registered Office Address:

2082 Proude Street

Port Charlotte, FL 33953

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.

Katy Schaan

Katy Schaan

Signature of a member or authorized representative of a member

Printed or typed name of signer

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.

Katy Schaan

Signature of Registered Agent

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

FILING FEE: \$25.00