

L18000092768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

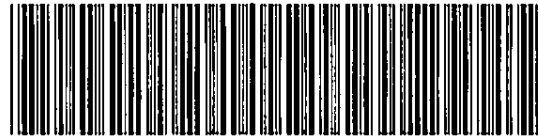
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800313620908

05/21/18--01023--009 \*\*25.00

FILED

18 MAY 21 PM 3:18

STATE OF MARYLAND  
CLERK OF THE COURT

✓ SALY

MAY 23 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** McMartin Brothers , 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:

Edward P Martin

Name of Person

McMartin Brothers, Llc

Firm/Company

11453 Captiva Kay Dr

Address

Riverview, FL 33569

City/State and Zip Code

emartyin4413@gmail.com

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

For further information concerning this matter, please call:

Edward Martin 412 607-7005  
Name of Person at ( ) 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: McMartin Brothers , Llc  
2. (a) Edward Martin (b) 11453 Captiva Kay dr Riverview Fl 33569

Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

April 12, 2018

118000092768

3. United States Corporation Agents , Inc 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
13302 Winding Oke court Suite A Tampa, Fl 33612

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

33612  
FL

(b) Edward P Martin

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

11453 Captiva Kay Dr Riverview, Fl 33569

**NEW Registered Office Address:**

33569  
FL

FILED  
18 MAY 21 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

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]  
Signature of a member or authorized representative of a member

Edward Martin  
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.*

[Signature]  
Signature of Registered Agent

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