

L18000137532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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O SIMMONS  
SEP 13 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 29, 2018

ADRIEN ANGELVY  
965 NE 88TH ST  
MIAMI, FL 33138

SUBJECT: MEP FLORIDA LLC  
Ref. Number: L18000137532

We have received your document for MEP FLORIDA 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):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 918A00017978

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MEP florida 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:

**Adrien Angelvy**

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

**MEP florida llc**

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

**965 NE 88th street**

\_\_\_\_\_  
Address

**Miami FL 33138**

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

**contact@mepflorida.com**

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

For further information concerning this matter, please call:

**Adrien Angelvy**

**786**

**7596478**

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

**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: MEP florida llc

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

965 NE 88th street

Miami FL 33138

3. \_\_\_\_\_ 4. \_\_\_\_\_  
Date of filing/registration in Florida Document number

5. (a) 6.1.18

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

Adrien Angelvy

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

965 NE 88th street

Miami, FL 33138

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Antoine Lecas

NEW Registered Office Address:

965 NE 88th street

Miami, FL 33138

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.

Adrien Angelvy

\_\_\_\_\_  
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.*

\_\_\_\_\_  
Signature of Registered Agent

**RECEIVED**

**SEP 10 2018**

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