

48000202211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

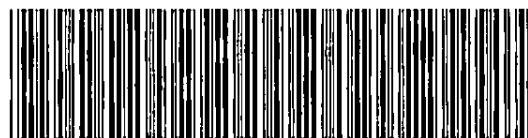
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 18, 2018

MARIA C GONZALEZ  
5750 COLLINS AVE  
APT 14C  
MIAMI BEACH, FL 33140

SUBJECT: MCGM TRANSLATIONS, LLC  
Ref. Number: L18000202211

We have received your document for MCGM TRANSLATIONS, 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.

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) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 618A00019442

RECEIVED  
2018 OCT -4 AM 11:10

2018 OCT -4 PM 3:30

618A

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MCCM TRANSLATIONS 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:

Maria C Gonzalez Mendez  
Name of Person

MCCM Translations LLC  
Firm/Company

5750 Collins Ave Apt 14C  
Address

Miami Beach, FL 33140  
City/State and Zip Code

candelagonzalez\_200@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria C Gonzalez at ( 786 ) 5671075  
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: MCGM Translations LLC

2. (a) 5750 Collins Ave Apt 14C (b) 5750 Collins Ave Apt 14C  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Miami Beach, FL 33140 Miami Beach, FL 33140

3. 8/23/2018 4. L18000202211  
Date of filing/registration in Florida Document number

5. (a) Gonzalez, Maria C, LLM  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5750 Collins Ave Apt 14C  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Miami Beach, FL 33140

(b) Maria Candela Gonzalez Mendonca  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

5750 Collins Ave Apt 14C  
NEW Registered Office Address:

Miami Beach, FL 33140

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

Maria Candela Gonzalez Mendonca  
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