

L19 000046160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

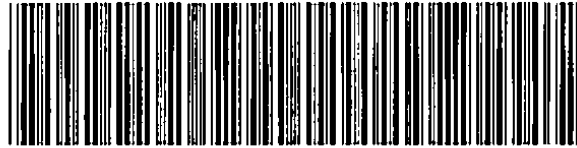
(Business Entity Name)

(Document Number)

ified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200337854922

12/18/19--01015--028 **25.00

FILED

2019 DEC 18 PM 12:59

CLERK

Y SULKER

JAN 16 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARK W MACOMBER 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:

MARK MACOMBER

Name of Person

MARK W MACOMBER LLC

Firm/Company

14 NW 14TH TER

Address

PE CORAL FL 33993

City/State and Zip Code

FLNow@gmail.com

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

For further information concerning this matter, please call:

MARK MACOMBER

239

233-5135 OR 233-5134

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.

Name of the limited liability company: MARK W MACOMBER LLC

a) MARK W MACOMBER LLC

Principal office address of limited liability company:

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

3814 NW 14TH TER

CAPE CORAL FL 33993

2/15/2019

Date of filing/registration in Florida

4.

(b) MARK W MACOMBER LLC

Mailing address of limited liability company:

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

SAME AS 2(a)

L1900046160

Document number

a) UNITED STATES CORPORATION AGENTS, INC

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

13302 WINDING OAK COURT, A

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

TAMPA, FL 33612

) CAPE CORAL ACCOUNTING SERVICES, INC.

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

NEW Registered Office Address:

3501 DEL PRADO BLVD SUITE 212

CAPE CORAL, FL 33904

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) are 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.

M. Macomber

Signature of a member or authorized representative of a member

MARK W MACOMBER

Printed or typed name of signee

By accepting the appointment as registered agent and agreeing 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 reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Lori Moore
Signature of Registered Agent

Dec 13, 2019

FILED
2019 DEC 18 PM 12:39