

8/17/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

H200002829143

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(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LIESER SKAFF ALEXANDER, PLLC
Account Number : I20150000057
Phone : (813)280-1256
Fax Number : (813)251-8715

****Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.****

Email Address: Mcilwain6@gmail.comLLC REGISTERED AGENT CHANGE
MCMS PROPERTIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2020 AUG 19 AM 8:50

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Corporate Filing Menu

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850-617-8381

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August 18, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MCMS PROPERTIES LLC
15 W SPANISH MAIN STREET
TAMPA, FL 33609

SUBJECT: MCMS PROPERTIES LLC
REF: L19000214517

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Yasemin Y Sulker
Regulatory Specialist III

FAX Aud. #: H20000282914
Letter Number: 720A00015686

H20000 2829143

DocuSign Envelope ID: 80738998-857D-480E-A044-25FD5F41416E

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCMS PROPERTIES 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:

MICHAEL MCILWAIN

Name of Person

Firm/Company

15 W SPANISH MAIN STREET

Address

TAMPA, FL 33609

City/State and Zip Code

mcilwain6@gmail.com

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

For further information concerning this matter, please call:

MICHAEL MCILWAIN

813

879-8097

Name of Person

at (_____) _____
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

INHS18 (2/14)

H200002829143

DocuSign Envelope ID: 60738998-657D-480E-A044-25FD5F41416E

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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: MCMS PROPERTIES LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

15 W SPANISH MAIN STREETTAMPA, FL 33609

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

08/28/2019L19000214517

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

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

LIESER SKAFF ALEXANDER

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

403 N. HOWARD AVETAMPA, FL 33606

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

MICHAEL MCILWAIN

NEW Registered Office Address:

15 W SPANISH MAIN STREETTAMPA, FL 33609

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.

DocuSigned by:
Signature of a member or authorized representative of a member

Michael McilwainPrinted 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
6140010AEBF415

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

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