

K20000013729

(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:

J. HORNE

APR 12 2022

\*

Office Use Only



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01/28/22--01020--010 \*\*25.00

FILED  
2022 MAR 28 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

March 25, 2022

To: Division of Corporations

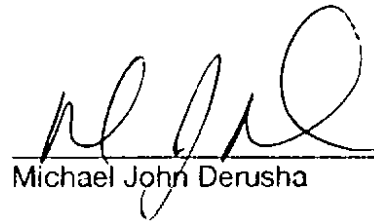
From: Michael J Derusha , MJD & Associates LLC L20000013729

Re: Change of address for Registered Agent

Please be advised that I am requesting the change of address for the registered agent that is effective as of February 28, 2022. I did file for a change of address for my LLC online but at this date it has not been applied. Here is the correct info to be input for both the LLC address and the registered agent address going forward. The check for \$25 has been included along with the proper form for submittal.

MJD & Associates LLC  
4754 Pastel Court  
Sarasota, FL 34240

Registered Agent  
Michael John Derusha  
4754 Pastel Court  
Sarasota, FL 34240

  
Michael John Derusha

## COVER LETTER

TO: Registration Section  
Division of Corporations

MJD & Associates LLC

SUBJECT: \_\_\_\_\_  
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 John Derusha

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

MJD & Associates LLC

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

4754 Pastel Court

\_\_\_\_\_  
Address

Sarasota, FL 34240

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

mjderusha@comcast.net

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

For further information concerning this matter, please call:

Michael J. Derusha

650

863-1887

\_\_\_\_\_  
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

*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.*

INFS18 (2/14)