

M100000002598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

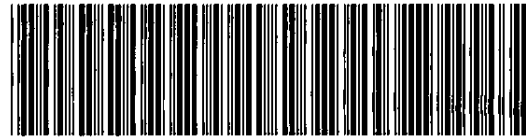
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2011 OCT 12 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

10/2011

EXAMINER



2090 Palm Beach Lakes Boulevard, Suite 701, West Palm Beach, Florida 33409 USA

Office (561) 684-2095 Fax (561) 684-2052

www.martmanagement.com

October 11, 2011

State of Florida  
Department of State -Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**VIA FEDERAL EXPRESS**

**Re: Change of Registered Agent**

Dear Sir/Madam:

Enclosed please find enclosed Statements of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the following entities:

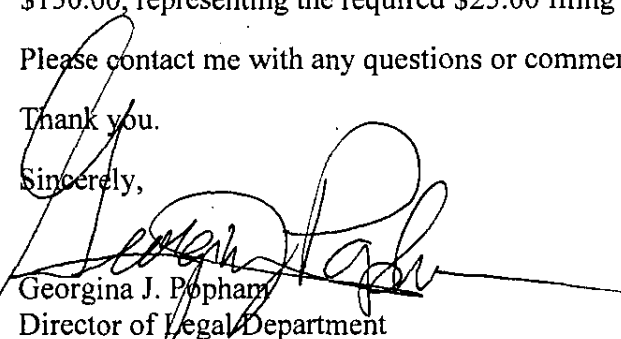
1. JBFL Investments, LLC, a Delaware limited liability company authorized to do business in the State of Florida under Document No. M10000002596;
2. Bonita Crown Pharmacy, LLC, a Delaware limited liability company authorized to do business in the State of Florida under Document No. M10000002601;
3. Little Road Café, LLC, a Delaware limited liability company authorized to do business in the State of Florida under Document No. M10000002597;
4. Mart Management, LLC, a Delaware limited liability company authorized to do business in the State of Florida under the name of Mart Management Ventures, LLC under Document No. M10000001277;
5. Development 72, LLC, a Delaware limited liability company authorized to do business in the State of Florida under Document No. M10000002599; and
6. Hillsborough Pharmacy, LLC, a Delaware limited liability company authorized to do business in the State of Florida under Document No. M10000002598.

I am also enclosing our check payable to the "Florida Department of State" in the amount of \$150.00, representing the required \$25.00 filing fee for each change of registered agent.

Please contact me with any questions or comments regarding these filings.

Thank you.

Sincerely,

  
Georgina J. Popham  
Director of Legal Department

GJP/gp

Encl.

GJP Forms: Letter to FL SOS Re Change of Reg Agent 10-11-11 (GJP)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, 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: Hillsborough Pharmacy, LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

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

2090 Palm Beach Lakes Blvd., Suite 701  
West Palm Beach, FL 33409

(b) Mailing address of limited liability company: \_\_\_\_\_

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

2090 Palm Beach Lakes Blvd., Suite 701  
West Palm Beach, FL 33409

June 11, 2010

3. Date of filing/registration in Florida

M10000002598

4. Document number

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

Registered Agent:

CorpDirect Agents, Inc.

Registered Office Address:

515 East Park Avenue  
Tallahassee, FL 32301

(b) Entered name of **NEW Registered Agent** and/or **NEW Registered Office Address**:

**NEW** Registered Agent:

MART MANAGEMENT VENTURES, LLC

NEW Registered Office Address:

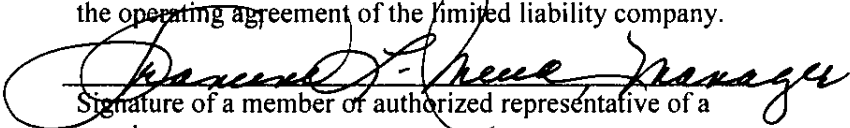
2090 Palm Beach Lakes Blvd

**(MUST BE FLORIDA STREET ADDRESS)**

Suite 701

West Palm Beach, FL 33409

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

**Francine L. Mecca, Authorized Representative**

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 608, 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

FILED  
OCT 12 AM 11:37  
TALLAHASSEE, FLORIDA