

M110000001177

(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:

Office Use Only



000221187490

02/13/12--01023--027 **25.00

FILED

2012 FEB 13 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

FEB 14 2012

EXAMINER



National Registered Agents, Inc.
11600 College Boulevard
Suite 210
Overland Park, KS 66210
800.550.6724
Fax 913.851.0713

February 7, 2012

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: TL MI MM, LLC.

Dear Sir/Madam,

For the purposes of changing the registered office and/or registered agent of the above
TL MI MM, LLC.

Please find the enclosed original Certificate of Change of Registered Agent accompanied by
our check in the amount of Amount of \$25.00.

Please proceed with the filing of the enclosed, returning official receipts and evidence in the
enclosed envelope.

Thank you in advance for your cooperation in this matter.

Regards,

Wendy D. Rea
National Registered Agents, Inc.

Enclosure - Check

FILED
2012 FEB 13 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TL MI MM, 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:

Wendy Rea

Name of Person

NRAI, Services, Inc.

Firm/Company

11600 College Blvd, Suite 210

Address

Overland Park, KS 66210

City/State and Zip Code

info@nrai.com

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

For further information concerning this matter, please call:

Wendy Rea

Name of Person

at (800)

550-6724

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

FILED
2012 FEB 13 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: TL MI MM, LLC

2. (a) Principal office address of limited liability company: 13835 N. NORTHSIGHT BLVD

(Note: MUST BE STREET ADDRESS)

SUITE 100

SCOTTSDALE AZ 85260

(b) Mailing address of limited liability company: 13835 N. NORTHSIGHT BLVD

(Note: MAY BE POST OFFICE BOX)

SUITE 100

SCOTTSDALE AZ 85260

03/07/2011

M11000001177

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:

Registered Agent:

C T CORPORATION SYSTEM

Registered Office Address:

1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

NEW Registered Agent:

NRAI Services, Inc.

NEW Registered Office Address:

515 East Park Avenue

(MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301

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

PAUL MASTINI - MANAGING MBR
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.

by:

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00