

M14000065771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

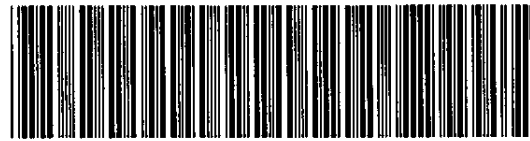
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300265706453

10/24/14--01021--013 **25.00

FILED
14 OCT 24 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 28 2014

MORAN KIDD
ATTORNEYS AT LAW

Moran ■ Kidd ■ Lyons ■ Johnson ■ Berkson P.A.

October 23, 2014

Gary M. Berkson

Daren J. Dorminy

Frank Garcia

Ingrid Gonzalez

Georgia E. Higgins

Kathryn L. Holloway

Scott E. Johnson

James F. Kidd

H. Davis Lewis, Jr.

Clinton C. Lyons, Jr.

Brian J. Moran

Thomas P. Moran

W. Charles Nix

Chris R. Parkinson

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

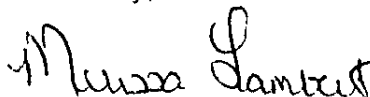
RE: MB Redevelopment, LLC - Amendment to Certificate of Authority
to Transact Business in Florida

Dear Sir/Madam:

Enclosed for filing is an Amendment to the Certificate of Authority to Transact Business in Florida. Also enclosed is this firm's check number 59642 in the amount of \$25.00 to cover the filing fee related with this filing.

Should you have any questions, please do not hesitate to contact me.
Thank you.

Sincerely,



Melissa Lambert,
Paralegal to Scott E. Johnson

Of Counsel

Susan J. Anger

Michael A. Tessitore

enclosures

Respond to: PO Box 472, Orlando, FL 32802-0472

111 N. Orange Ave., Suite 900, Orlando, FL 32801-2361 | 7850 N.W. 146 Street, Suite 401, Miami Lakes, FL 33016

Ph: 407.841.4141 ■ Fax: 407.841.4148 | Ph: 305.821.6655 ■ Fax: 305.821.6699

morankidd.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MB Redevelopment, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melissa Lambert

Name of Person

Moran Kidd

Firm/Company

PO Box 472

Address

Orlando, FL 32802

City/State and Zip Code

mlambert@morankidd.com

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

For further information concerning this matter, please call:

Melissa Lambert

Name of Person

at (407) 841-4141

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 ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

FILED
14 OCT 24 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: MB Redevelopment, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 8/12/14


SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____
6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: ADD - Vincent F. Dunleavy, Chief Financial & Administration Officer

7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Vincent F. Dunleavy

Typed or printed name of signee

Filing Fee: \$25.00

FILED
14 OCT 24 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA