## M17 00000 6282

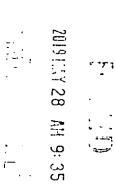
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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04/29/19--01008--003 \*\*25.00



R. WHITE

MAY 2 9 2019



May 9, 2019

ALEX LANASA PO BOX 116 GLENWOOD, MD 21730

SUBJECT: LM TALLAHASSEE LLC

Ref. Number: M17000006282

We have received your document for LM TALLAHASSEE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida limited liability company, but your entity is a Foreign limited liability company. 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.

Letter Number: 719A00009365

Rebekah White Regulatory Specialist III

www.sunbiz.org

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Lm TALLAHASSEE 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:
ANTHONY DIBANGI  Name of Person
LM TALLAHASSEE, LLC Firm/Company
2465 RTE 97 SUITE 4  Address
GLEWWOOD, Mo 21738  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FRAM MVKPHY  at (410) 489 - 000 4  Name of Person  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:  \$\int \frac{1}{2} \\$25 \text{ Filing Fee}  \text{ \$\sqrt{25 \text{ Filing Fee} & \text{ \$\sqrt{25 \text{ \$\sqrt{25 \text{ Filing Fee} &  \$\sqrt{25 \text{ \$\sqrt{ \$\sqrt{25 \text{ \$\sqrt{

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

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	on the records of	the Florida Depa	rtment of	
State: LM TALLAHASSE	E, LLC			
Enter new principal office address, if applicable:				
(Principal office address  MUST BE A STREET ADDRESS)	GLENN	,, o, Mo	2173	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	F.O.	Box 11.	0 2173	8
2. The Florida document number of this limited liab				
3. Jurisdiction of its organization: MAR	YLAND		<del></del>	_ ~
3. Jurisdiction of its organization:	7-24	-17		<u> </u>
SECTION II (5-9 complete only the applicable c	hanges)			
5. New name of the limited liability company: (must	contain "Limited	Liability Compar	ny, " "L.L.C.," or	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C.	aging members a	f transacting busing dopting the altern	ness in Florida ar ate name. The ali	nd attach a
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad-	d officer address o dress here:	on our records, <u>er</u>	iter the name of t	he new
Name of New Registered Agent: MI	CHAFL	SALANO	RA_	
New Registered Office Address:		Enter Florida St		
		Enter r torida Su		
	City	,	, Florida Zip (	Code
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper and accept the obligations of my position as registe document is being filed to merely reflect a change i liability company has been notified in writing of this	t and agree to ac and complete per red agent as pro- in the registered of s change.	formance of my d vided for in Chap	uties, and I am fo ter 605, F.S. Or, ereby confirm the	imiliar with if this at the limited

Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Act
nBR	MICHAEL SALAHORA	2465 RTE. 97 STE. 4	Add
		GLENWOOD, MD 2173	8 ∏ Ren
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			Ren
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aforementio	under the law of which this endity is orga	y the official having custody of records in th	Rem

. . . .

Filing Fee: \$25.00