

1199000000497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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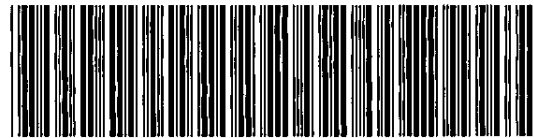
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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M. THOMAS

MAR 27 2009

EXAMINER



United Corporate Services, Inc.

Ten Bank Street, Suite 560
White Plains, NY 10606
www.unitedcorporate.com

Toll Free (800)899-8648
Voice (914)949-9188
Fax (914)949-9618

March 23, 2009

RE: MP MARKETING OF FLORIDA LLC

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

To Whom It May Concern:

Enclosed please find a change of agent documents for the above together with our check to the Secretary of State for *25,000*

Please file on a routine basis and forwarding appropriate evidence to the attention of the undersigned, via regular mail (self address stamped envelope is attached.)

If you have any questions, please feel free to contact the undersigned at 894-9049 ext 17.

Thank you.

Sincerely,

Dolores Burton
Project Associate

Enclosure

Our ID # CB1GA94439

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MP MARKETING OF FLORIDA 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:

Dolores Burton
(Name of Person)

United Corporate Services, Inc.
(Firm/Company)

11 North Pearl Street
(Address)

Albany, NY 12207
(City/State and Zip Code)

For further information concerning this matter, please call:

Dolores Burton at (877) 894-9049
(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:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 26 AM 10:42

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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: MP MARKETING OF FLORIDA LLC

2. (a) Principal office address of limited liability company: _____
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: _____
(Note: **MAY BE POST OFFICE BOX**)

04/02/1999

3. Date of filing/registration in Florida

M99000000497

4. Document number

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

Registered Agent: CT CORPORATION SYSTEM

Registered Office Address: 1200 South Pine Island Road

Plantation, FL 33324

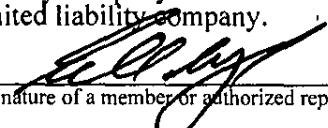
(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: United Corporate Services, Inc.

NEW Registered Office Address: 9200 South Dadeland Blvd. Suite 508
(**MUST BE FLORIDA STREET ADDRESS**)

Miami, FL 33156

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)

Edward Wierzel
(Printed or typed name of signee)

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) Michael A. Barr, President

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

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA