

P10000085276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

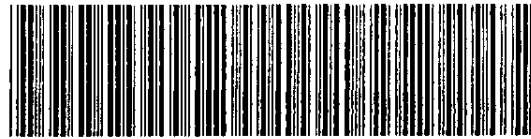
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TR 3-P-11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2011

KELLY ROSS
LCM MANAGEMENT III, INC.
1101 EAST FLETCHER AVE
TAMPA, FL 33612

SUBJECT: LCM MANAGEMENT III, INC.
Ref. Number: P10000085276

We have received your document for LCM MANAGEMENT III, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please show mailing address and city and state for the new registered agent.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 311A00004368

RECEIVED
11 MAR -8 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LCM Management III, Inc
Name of Corporation

DOCUMENT NUMBER: P10000085276

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelly Ross
Name of Contact Person

LCM Management III, Inc
Firm/Company

1101 East Fletcher Avenue
Address

Tampa, FL 33612
City/State and Zip Code

kross@morganautogroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Ross at (813) 991-4376
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LCM Management III, Inc.
2. The principal office address: 1101 East Fletcher Avenue, Tampa, FL 33612
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/18/2010 Document number: P10000085276
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Amy Recchio

1101 East Fletcher Avenue

Tampa, FL 33612

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Larry C Morgan

1101 EAST FLETCHER AVENUE

P.O. Box NOT acceptable

TAMPA FL. 33612

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Larry C Morgan, Director
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

2/15/2011
Date

If signing on behalf of an entity:

Larry C Morgan
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)