

LO3000045451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

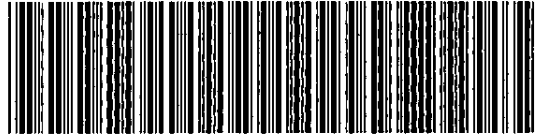
Special Instructions to Filing Officer:

L. SELLERS

NOV - 3 2009

EXAMINER

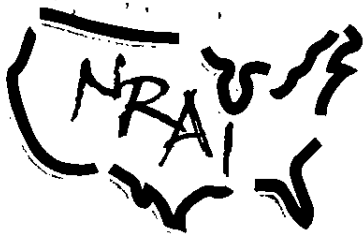
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11/02/09--01004--013 **25.00

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09 NOV -2 AM 8:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA



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

October 28, 2009

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

RE: D.P. Cable, LLC
Change of Registered Office and Registered Agent

Dear Sir/Madam,

For the purposes of changing the registered office and registered agent of the above captioned, D.P. Cable, LLC, please find enclosed, in duplicate, a Statement of Change of Registered Office or 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.

Sincerely,

Matt Thompson
National Registered Agents, Inc.

Enclosure - Check

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D.P. Cable, 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:

Matt Thompson
(Name of Person)

National Registered Agents, Inc.
(Firm/Company)

11600 College Blvd., Suite 210
(Address)

Overland Park, KS 66210
(City/State and Zip Code)

For further information concerning this matter, please call:

Matt Thompson at (800) 550-6724
(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

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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. The name of the limited liability company is: D.P. Cable, LLC

2. The mailing address of the limited liability company is : _____

6673 Time Square Ave., Apt.#102 Orlando, FL 32835

11/18/2003

L03000045457

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Dmitrijs Mgr Prohorenkovs

Name

6673 Time Square Ave., Apt.#102

Address

Orlando, FL 32835

City, State and Zip

6. The name and address of the new registered agent and/or office:

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

Florida street address (P.O. Box NOT acceptable)

Weston FL 33331

City, State and Zip

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)

DMITRIJS PROHORENKOV

(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.

NRAI Services, Inc.

By: Matt Thompson
(Signature of Registered Agent)

Matt Thompson, Assistant Secretary

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

FILING FEE: \$25.00

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TALLAHASSEE FLORIDA
SECRETARY OF STATE