

L04000042730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

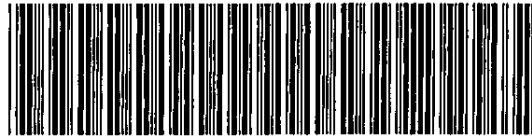
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ELBA LAUCER, PARALEGAL
PAULETTE S. ROMA, PARALEGAL

OTHER LICENSES:
*FLORIDA PROFESSIONAL ENGINEER
(INACTIVE STATUS)

*ADMITTED U.S. DISTRICT COURT
COMMONWEALTH OF PUERTO RICO

April 4, 2007

Via Regular U.S. Mail

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



Re: Change of Registered Office/Agent

To whom it may concern:

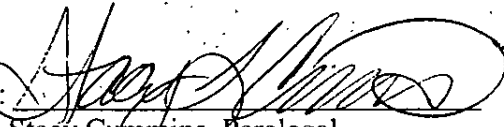
Enclosed please find Change of Registered Office/Agent forms for the below listed companies:

NMB, LLC
Sarasota Sheet Metal, LLC
KVN, LLC
Victoria Plaza Condominium Association, Inc.

Also enclosed is check number 3972 in the amount of \$140.00 to cover the fee associated for changing the registered agent on all four of these entities. Should you encounter any questions or problems with the enclosed documents, please contact me promptly.

Sincerely,

GURLEY • DRAMIS • LAZO

By: 
Stacy Cummins, Paralegal
Writer's Direct Line (941) 556-1489

/slc

Enclosures

F:\Documents\4952.KVN\1.MISC\DivisionofCorporations-Amendments.doc

PRINCIPAL OFFICE

601 South Osprey Avenue, | Sarasota, Florida 34236 | (941) 365-4501 TELEPHONE | (941) 365-2916 FACSIMILE | www.gurleydramislazo.com

AFFILIATE OFFICE COMMONWEALTH OF PUERTO RICO

Oceanic Building | P.O. Box 16489 | San Juan, Puerto Rico 00901 | (787) 622-8080 TELEPHONE | (787) 622-8081 FACSIMILE

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NMB, LLC

(Name of Corporation)

DOCUMENT NUMBER: L04000042730

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:

George J. Dramis

(Name of Contact Person)

Gurley Dramis Lazo, PA

(Firm/Company)

601 S. Osprey Avenue

(Address)

Sarasota, FL 34236

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Stacy Cummins

(Name of Contact Person)

at (941) 365-4501

(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: NMB, LLC
2. The principal office address: 4545 MARIOTTI COURT, UNIT N, SARASOTA, FL 34233
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 06/06/2004 Document number: L04000042730
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

SUE ARMOUR

4545 MARIOTTI COURT, UNIT N

SARASOTA, FL 34233

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

George J. Dramis

601 South Osprey Avenue

(P.O. Box NOT acceptable)

Sarasota, FL 34236

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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.

Val f... ..
(Signature of an officer or director)

Noel Speranza MGR.
(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]
(Signature of Registered Agent)

4/4/07
(Date)

If signing on behalf of an entity:

George J. Dramis
(Typed or Printed Name)

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