

105000021024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

105-21024

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

11/15

R/A CR

Office Use Only



600060754486

10/24/05--01036--017 **25.00

SECRET
STATE
TALLAHASSEE, FLORIDA

05 NOV 15 PM 4:23

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NRP 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:

Raja Nalluri, M.D.
(Name of Person)

NRP LLC
(Firm/Company)

13515 Glossy Ibis Place
(Address)

Bradenton, FL 34202
(City/State and Zip Code)

For further information concerning this matter, please call:

Raja Nalluri, M.D. at (941) 752-7842
(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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 26, 2005

RAJA NALLURI, M.D.
NRP LLC
13515 GLOSSY IBIS PLACE
BRADENTON, FL 34202

SUBJECT: NRP LLC
Ref. Number: L05000021024

We have received your document for NRP 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 105A00064914

**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: NRP LLC
2. The mailing address of the limited liability company is: 13515 Glossy Ibis Place
Bradenton, FL 34202
4/19/05
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:

Business Filings Inc.
Name
1203 Governors Square Blvd Suite 101
Address
Tallahassee, FL 32301-2960
City, State and Zip

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

Mary Petty
Name
3540 Parkridge Circle
Florida street address (P.O. Box NOT acceptable)
Sarasota, FL 34243
City, State and Zip

FILED
05 NOV 15 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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]
(Signature of a member or authorized representative of a member)

Raja Valluri, President
(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.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00