

L05000035625

(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:

Need new RA to sign

9/27/27

RA change

Office Use Only



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08/30/06--01025--001 \*\*25.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 SEP 26 PM 1:17

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NATIONWIDE CARRIER SERVICES, 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:

L. ANDRES RUIZ  
(Name of Person)

NATIONWIDE CARRIER SERVICES, LLC  
(Firm/Company)

P.O. Box 831163  
(Address)

OCALA - FL. 34483  
(City/State and Zip Code)

For further information concerning this matter, please call:

L. ANDRES RUIZ at 352.274-6053  
(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  
Division of Corporations

August 31, 2006

L. ANDRES RUIZ  
P.O. BOX 831163  
OCALA, FL 34483

SUBJECT: NATIONWIDE CARRIER SERVICES, LLC  
Ref. Number: L05000035625

We have received your document for NATIONWIDE CARRIER SERVICES, 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):

The new registered agent must sign accepting the appointment at the bottom of the form.

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) 245-6853.

Leslie Sellers  
Document Specialist

Letter Number: 806A00053418

**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: NATIONWIDE CARRIER SERVICE, LLC
2. The mailing address of the limited liability company is: P.O. Box 227036  
MIAMI FL 33122
3. Date of filing/registration in Florida 04-08-05
4. Document number L050000035625

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

RUIZ, L. ANDRES  
Name  
7204 FAIRWAY DR E-26  
Address  
MIAMI LAKES FL 33014  
City, State and Zip

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

LEPEZ - MAURICIO  
Name  
7634 NW 116 PL  
Florida street address (P.O. Box NOT acceptable)  
DORAL FL 33178  
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.

L. ANDRES RUIZ  
(Signature of a member or authorized representative of a member)

RUIZ, L. ANDRES  
(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.*

Mauricio Lepez  
(Signature of Registered Agent)

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

FILED  
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DIVISION OF CORPORATIONS  
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