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July 20, 2015

WENDY DEMING 601 TAMIAMI TRAIL S VENICE, FL 34285

SUBJECT: NJT, LLC

Ref. Number: L05000112239

We have received your document for NJT, 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):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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) 245-6051.

Letter Number: 215A00015114

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

## COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: NJT, LLC

Name of Corporation

DOCUMENT NUMBER: L05000112239

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:

Wendy Deming

Name of Contact Person

**Gulf Coast Community Foundation** 

Firm/Company

601 Tamiami Trail South

Address

Venice, FL 34285

City/State and Zip Code

wdeming@gulfcoastcf.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wendy Deming

...941

,486-4611

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 LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. 1	Name of the limited liability company:
2. (a	LAITE ON TONIC ALL C
2. (u	Principal office address of limited liability company:  Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	Venice, FL 34785
	11/21/2005
	11/21/2005 LOS000112239
3.	Date of filing/registration in Florida 4. Document number
5. (	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Leol Jamani Mail South
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	<u>Venice</u> , FL 34285
	Chumaker I man and Kandard II D
(b	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	10th
	240 South Dringpole Are Floor
	NEW Registered Office Address:
	Dalasofa, FL 3f236
If the	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the c	hange or changes are made, the Florida street address of the registered office and the business office of the registered twill 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 a	rticles of organization or the operating agreement of the limited liability company.
Sig	nature of a member or authorized representative of a member  Printed or typed name of signee
Lha	eaby accent the appointment as registered agent and agree to get in this cangaity. I further agree to comply with the
provi the o	isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept bligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed
to me notif	reby accept the appointment as registered agent that agree to act in his capacity. I further agree to complete sisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept bligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed prely reflect a change in the registered office address, I hereby confirm that the limited liability company has been tied in writing of this change.
	100 margin ofor
Signa	ture of Registered Agent

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