

L 07000 103 199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

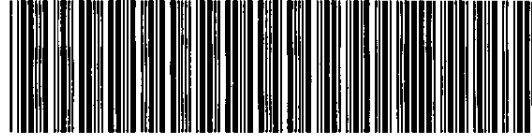
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200267065212

12/11/14--01019--003 **55.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 DEC 11 AM 11:43

DEC 17 2014
T. CARTER

COVER LETTER

TO: Registration Section,
Division of Corporations

SUBJECT: NATIONWIDE DME, L.L.C.

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:

VERA PONCE

Name of Person

NATIONWIDE DME, L.L.C.

Firm/Company

10800 BISCAYNE BOULEVARD

Address

SUITE 310

City/State and Zip Code

nationwide.dme.dl@gmail.com

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

For further information concerning this matter, please call:

VERA PONCE

Name of Person

at (305) 893-8117

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

**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. Name of the limited liability company: NATIONWIDE DME, LLC

2. (a) 10800 Biscayne Blvd Suite 310, Miami FL 33161 (b) 10800 Biscayne Blvd Suite 310, Miami FL 33161

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

10/11/2007

L07000103199

3. Date of filing/registration in Florida

4. Document number

5. (a) CT CORPORATION

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 S. PINE ISLAND RD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

PLANTATION, FL 33324

(b) VERA PONCE

Enter name of NEW Registered Agent and/or NEW Registered Office address:

10800 BISCAYNE BOULEVARD

NEW Registered Office Address:

SUITE 310

MIAMI, FL 33161

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 DEC 11 AM 11:43

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.

X [Signature]
Signature of a member or authorized representative of a member

DAVID LEVY

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 605, 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.

X [Signature] Vera L. Ponce
Signature of Registered Agent VERA PONCE

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

FILING FEE: \$25.00