

L080000007018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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RA address  
change

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2014 OCT -6 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*00789, 04085, 0067, 10/6/14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 23, 2014

Jan Correggio  
New Wave Depo, LLC  
7050 W. Palmetto Park Rd #15-146  
Boca Raton, FL 33433

SUBJECT: NEW WAVE DEPO, L.L.C.  
Ref. Number: L08000007018

We have received your document for NEW WAVE DEPO, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida profit corporation, but your entity is a Florida limited liability company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 614A00020350

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14 OCT -6 AM 12:31  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NEW WAVE DEPO 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:

JAN Correggio  
Name of Person

NEW WAVE DEPO LLC  
Firm/Company

7050 W PALMETTO PARK RD #15-146  
Address

POCA RATON, FL 33433  
City/State and Zip Code

jan@newwavedepo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAN Correggio at ( 561 ) 483-2111  
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

**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: NEW WAVE DEPO LLC
2. (a) 1200 N FEDERAL HWY. STE 200 (b) 7050 W. PALMETTO PARK RD #15746  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)  
BOCA RATON, FL 33432 BOCA RATON, FL 33433

3. 1/22/2008 4. LO8000007018  
Date of filing/registration in Florida Document number

5. (a) JAN CORREGGIO  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1489 W. PALMETTO PARK RD, STE 494  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

BOCA RATON, FL 33486

- (b) JAN CORREGGIO  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
7050 W. PALMETTO PARK RD #15-146  
**NEW Registered Office Address:**

BOCA RATON  
FL 33433

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.

JAN CORREGGIO  
Signature of a member or authorized representative of a member

JAN CORREGGIO  
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.

JAN CORREGGIO  
Signature of Registered Agent

FILED  
2011 OCT -6 PM 4:29  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA