

L08000029291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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FILED  
10 MAY -4 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

MAY -5 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 8, 2010

JULIO C. DE LOS RIOS  
DLR ACCOUNTING CORP  
5743 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33021

SUBJECT: NURLOC USA, LLC  
Ref. Number: L08000029291

FILED  
10 MAY -4 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for NURLOC USA, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

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

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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 010A00005628



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 18, 2010

JULIO C. DE LOS RIOS  
DLR ACCOUNTING CORP  
5743 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33021

SUBJECT: NURLOC USA, LLC  
Ref. Number: L08000029291

FILED  
10 MAY -4 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Please accept our apology for failing to mention this in our previous letter.

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2009 through 2010; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$377.50.

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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 810A00006672

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: NURLOC USA LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULIO C. DE LOS RIOS

Name of Person

DLR ACCOUNTING CORP

Firm/Company

5743 HOLLYWOOD BLVD

Address

HOLLYWOOD, FL 33021

City/State and Zip Code

DLRCORP@AOL.COM

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

For further information concerning this matter, please call:

JULIO C. DE LOS RIOS

Name of Person

at ( 954 )

9814696

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
10 MAY -4 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**NURLOC USA LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
10 MAY -4 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/2/2010 and assigned  
Florida document number L08000029291.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5743 HOLLYWOOD BLVD

(Principal office address MUST BE A STREET ADDRESS)

HOLLYWOOD, FL 33021

Enter new mailing address, if applicable:

5743 HOLLYWOOD BLVD

(Mailing address MAY BE A POST OFFICE BOX)

HOLLYWOOD, FL 33021

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

JULIO C. DE LOS RIOS

New Registered Office Address:

5743 HOLLYWOOD BLVD

*Enter Florida street address*

HOLLYWOOD

Florida

33021

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*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.*

  
*Julio C. de los Rios*  
**If Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
M	LUCIA ANABELLE POSSO	5743 HOLLYWOOD BLVD HOLLYWOOD, FL 33021	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SOLEDAD CASTRO	429 LAKEVIEW DRIVE APT. 203 WESTON, FL 33326	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

GUILLERMO CASTRO DAGER 99% SHARES

SOLEDAD D. CASTRO 1% SHARES

Dated MARZO 10TH, 2010



Signature of a member or authorized representative of a member

SOLEDAD D. CASTRO

Typed or printed name of signee

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10 MAY -4 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA