

L09 0000 09534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

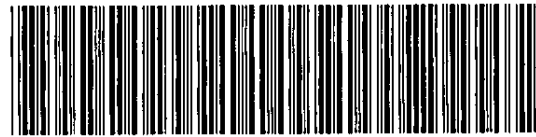
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100287662761

07/08/16--01017--011 \*\*35.00

2016 AUG 22 A 11:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

AUG 23 2015  
J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 11, 2016

RICARDO DELGADO  
1749 NE MIAMI CRT #212  
MIAMI, FL 33132

SUBJECT: NUFONTIER, LLC  
Ref. Number: L09000009534

We have received your document for NUFONTIER, LLC and your check(s) totaling \$35.00. 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 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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 116A00014382

2016 AUG 22 A 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NUFRONTIER, 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:

RICARDO S. DELGADO

Name of Person

NUFRONTIER, LLC

Firm/Company

1749 NE MIAMI CRT, 212

Address

MIAMI FLORIDA, 33132

City/State and Zip Code

RICKDELGADO@ME.COM

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

2016 AUG 22 A 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

RICARDO DELGADO

Name of Person

at (305) 458 5506

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

Payment  
MADE  
Already

**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: NUFRONTIER, LLC

2. (a) 1749 NE MIAMI CRT #212 (b) SAME.

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

MIAMI, FL.  
33132

1/29/2009

LO9000009534

3. Date of filing/registration in Florida

4. Document number

5. (a) RICARDO J. DELGADO  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1749 NE MIAMI CRT #212

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

MIAMI, FL.  
33132, FL

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Office Address:**

\_\_\_\_\_, FL \_\_\_\_\_

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.

\_\_\_\_\_  
Signature of a member or authorized representative of a member

RICARDO J. DELGADO

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.

\_\_\_\_\_  
Signature of Registered Agent

FILED  
2016 AUG 22 A 11:37  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE