

LO90000/1089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

LO9-11089

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT

APR 23 2010

EXAMINER

Office Use Only



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04/02/10--01009--028 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 APR 21 PM 1:18

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2010

WALTER SOROKOTY
13227 DUNN CREEK ROAD
JACKSONVILLE, FL 32218

SUBJECT: WGS2 LLC
Ref. Number: L09000011089

We have received your document for WGS2 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):

Section 5b must be filled out with the name and address of the registered agent.

Sections 607.0403(2)(b), 617.0403(2)(b), and 608.4062(2)(b), Florida Statutes, require all foreign corporations filing a name registration to submit a certificate stating the entities is in good standing under the laws of the state or territory where it is organized. The certificate should be executed by the Secretary of State of such state or territory or by such other official as may have custody of the records pertaining to. It must be dated within the last 90 days.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 910A00008256

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WGS 2
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:

Walter Sorokoty
Name of Person

Firm/Company

13227 Dunn Creek Rd
Address

Jacksonville FL 32218
City/State and Zip Code

Walter Sorokoty@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Walter Sorokoty at (904) 614-1405
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

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TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: WGS 2 LLC

2. (a) Principal office address of limited liability company: 13227 Dunn Creek Rd

☐ (Note: **MUST BE STREET ADDRESS**) Jacksonville, FL 32218

(b) Mailing address of limited liability company: _____

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

3. Date of filing/registration in Florida _____

4. Document number _____

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

Registered Agent: United States Corp Agents

Registered Office Address: 13302 Windling Oaks Blvd
A-100
Tampa FL 33612

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

NEW Registered Agent: W. G. Sorokoty

NEW Registered Office Address: 13227 Dunn Creek Rd
(MUST BE FLORIDA STREET ADDRESS) Jacksonville, FL 32218

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.

Walter G. Sorokoty
Signature of a member or authorized representative of a member

Walter G. Sorokoty
Printed or typed name of signer

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.

Walter G. Sorokoty
Signature of Registered Agent

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