

LOG 000062097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

DEC 28 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NW Conglomerates 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:

Marcus Kraft

Name of Person

NW Conglomerates LLC

Firm/Company

3072 W US HWY 90

Address

Lake City, FL 32055

City/State and Zip Code

info@nwconglomerates.com

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

For further information concerning this matter, please call:

Chris Williams

Name of Person

at (386)

697-4956

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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2009 DEC 24 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 17, 2009

MARCUS KRAFT
3072 W US HWY 90
LAKE CITY, FL 32055

SUBJECT: NW CONGLOMERATES LLC
Ref. Number: L09000062097

We have received your document for NW CONGLOMERATES 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):

The registered agent must sign accepting the designation.

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) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 309A00038383

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2009 DEC 24 PM 4:02
SECRETARY OF STATE
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: NW Conglomerates LLC

2. (a) Principal office address of limited liability company: _____



(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: _____



(Note: MAY BE POST OFFICE BOX)

06/25/2009

L09000062097

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:

Business Filings Incorporated

Registered Office Address:

1203 Governors Square Blvd

Ste 101

Tallahassee FL 32304-2960

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

NEW Registered Agent:

Marcus Kraft

NEW Registered Office Address:

3072 W US HWY 90

(MUST BE FLORIDA STREET ADDRESS)

Lake City

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.

Marcus Kraft
Signature of a member or authorized representative of a member

Marcus Kraft

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.

Marcus Kraft
Signature of Registered Agent

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

FILING FEE: \$25.00