

L09000070467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

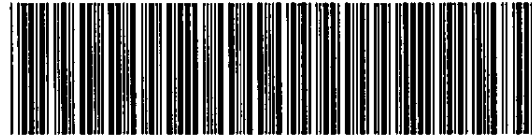
(Document Number)

Certified Copies _____

Certificates of Status _____

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01/22/13--01006--007 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 FEB - 7 AM 8:46

C. LEWIS
FEB - 8 2013
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2013

ADAM SALHANICK / EZ NTO LLC
4263 HENDERSON BLVD.
TAMPA, FL 33629

SUBJECT: EZ NTO LLC
Ref. Number: L09000070467

We have received your document for EZ NTO 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.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 513A00002299



4263 Henderson Blvd
Tampa, FL 33629
Tele & Fax: (877) 4EZ-NTOS
(877) 493-6867

2/4/2013

To Whom It May Concern:

A previous request was sent in along with a check for \$35.00 but I was notified via Letter Number: 513A00002299 that it was the wrong form.

Letter Number: 513A00002299 is enclosed for more information regarding the original request.

Please use this letter as a request for a refund of \$10.00 since the correct form only requires a \$25.00 filing fee

The refund check can be made out to EZ NTO LLC

Mailing address:

Ez NTO LLC
4263 Henderson Blvd
Tampa, FL 33629

Thanks
Adam Salhanick

*Florida's Most Accurate, Prompt
& Affordable NTO Service*

www.EZNTO.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EZ NTO 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:

Adam Salhanick
Name of Person

EZ NTO LLC
Firm/Company

4263 Henderson Blvd
Address

Tampa, FL 33629
City/State and Zip Code

Adam @ EZ NTO . com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Salhanick at (813) 748-9149
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

Already Paid \$35 check # 154 cashed 1/23/13
Reference Letter # 513A00002299

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: EZ NTO LLC

2. (a) Principal office address of limited liability company: 4253 Henderson Blvd
(Note: **MUST BE STREET ADDRESS**) Tampa, FL 33629

(b) Mailing address of limited liability company: 4253 Henderson Blvd
(Note: **MAY BE POST OFFICE BOX**) Tampa, FL 33629

7/22/2009
3. Date of filing/registration in Florida

LO9000070467
4. Document number

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

Registered Agent:

Adam J. Salhanick

Registered Office Address:

3630 W. Kennedy Blvd
Tampa, FL 33609

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

NEW Registered Agent:

Adam J. Salhanick

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

4253 Henderson Blvd

Tampa, FL 33629

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.

Adam Salhanick
Signature of a member or authorized representative of a member

Adam Salhanick
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.

Adam Salhanick
Signature of Registered Agent

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FEB - 7 AM 8:46