

L09000114029

(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:

A. LUNT

OCT - 6 2010

EXAMINER

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FILED
2010 OCT -5 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 7, 2010

NICHOLAS FABRICATORE
1534 NIGHTFALL DR.
CLERMONT, FL 34711

SUBJECT: NICHOLAS FABRICATORE WEBSITES LLC
Ref. Number: L09000114029

We have received your document for NICHOLAS FABRICATORE WEBSITES LLC and your check(s) totaling \$70.00. 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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 610A00021275

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nicholas Fabricatore Websites 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:

Nicholas Fabricatore
Name of Person

Nicholas Fabricatore Websites LLC
Firm/Company

1534 Nightfall Dr.
Address

Clermont, FL 34711
City/State and Zip Code

nick@ntwebsites.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicholas Fabricatore at (352) 217-3303
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

Please refund the overpayment. Make check payable to Nicholas Fabricatore
Websites LLC and send payment to 1534 Nightfall Dr. Clermont, FL. 34711

Thanks in advance,
Nicholas Fabricatore

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2018 OCT -5 PM 3: 32

**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: Nicholas Fabricatore Websites LLC

2. (a) Principal office address of limited liability company: 1534 Nightfall Dr.

☒ (Note: **MUST BE STREET ADDRESS**) Clermont, FL 34711

(b) Mailing address of limited liability company: Same

☒ (Note: **MAY BE POST OFFICE BOX**)

3. Date of filing/registration in Florida 11-30-09 4. Document number L09000114029

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

Registered Agent: Corporation Service Company

Registered Office Address: 1201 Hays St.
Tallahassee, FL 32301

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

NEW Registered Agent: Nicholas Fabricatore

NEW Registered Office Address: 1534 Nightfall Dr.

(MUST BE FLORIDA STREET ADDRESS) Clermont, FL 34711

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]
Signature of a member or authorized representative of a member

Nicholas Fabricatore
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 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.

[Signature]
Signature of Registered Agent

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

FILING FEE: \$25.00