

L100000031752

(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



400189028394

01/07/11--01012--012 \*\*25.00

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 JAN - 7 PM 3:50

J. SAULSBERRY  
EXAMINER

JAN 10 2011

**COVER LETTER**

~~Sent 1/3/11~~

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Nabular Enterprises  
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:

Suzanne Pierannunzi

Name of Person

Nabular Enterprises

Firm/Company

4398 SE 53 Street

Address

Ocala, FL 34480

City/State and Zip Code

mpierannunzi@yahoo.com

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

For further information concerning this matter, please call:

Suzanne Pierannunzi at (352) 216-5019

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

FILED  
2011 JAN -7 PM 3:50  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

2011 JAN 11 01

**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: Nabular Enterprises

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

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

4398 SE 53 Street  
Ocala, FL 34480

(b) Mailing address of limited liability company: \_\_\_\_\_

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

4398 SE 53 Street  
Ocala, FL 34480

3. Date of filing/registration in Florida \_\_\_\_\_

4. Document number

L1 00 000 31752

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

Registered Agent:

Agents and Corporations

Registered Office Address:

1201 Orange Street, Ste. 600  
Wilmington, DE  
19899-0511

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

**NEW** Registered Agent:

Suzanne Pierannunzi

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

4398 SE 53 St.

Ocala, FL FL 34480

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.

Suzanne Pierannunzi  
Signature of a member or authorized representative of a member

Suzanne Pierannunzi  
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.

Suzanne Pierannunzi  
Signature of Registered Agent

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