

L11000014593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2012 JAN 17 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE
JAN 18 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 3, 2012

GREGORY ELLIS
18 EXECUTIVE COURT
SOUTH BARRINGTON, IL 60010

SUBJECT: NICOLE'S LEGACY (NL), LLC
Ref. Number: L11000014593

We have received your document for NICOLE'S LEGACY (NL), 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.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 112A00000043

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2012 JAN 17 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nicole's Legacy (NL), 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:

Gregory J. Ellis
Name of Person

Firm/Company

18 Executive Ct.
Address

South Barrington, IL 60018
City/State and Zip Code

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

For further information concerning this matter, please call:

Gregory J. Ellis at (847) 842-0999
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

\$35.00 on file

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Nicole's Legacy (NL), LLC

2. (a) Principal office address of limited liability company: 18 Executive Ct.

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

South Barrington, IL 60010

(b) Mailing address of limited liability company:

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

18 Executive Ct.
South Barrington, IL 60010

1/31/2011
3. Date of filing/registration in Florida

211000014590
4. Document number

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

Registered Agent:

Elizabeth Lukowych

Registered Office Address:

1107 Key Plaza #226
Key West, Florida
33040

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

NEW Registered Agent:

Gregory J. Ellis

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

1107 Key Plaza #226
Key West, Florida
FL 33040

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.

Gregory J. Ellis member
Signature of a member or authorized representative of a member

Gregory J. Ellis
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.

Gregory J. Ellis
Signature of Registered Agent

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