

L12000037005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

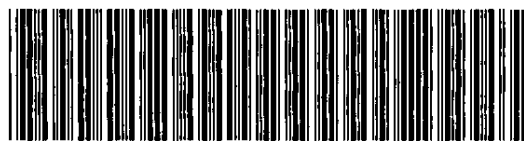
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 SEP 28 PM 2:50

OCT - 1 2012

T. HAMPTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RIVERBARGE 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:

CARLA MARTILOTTI

Name of Person

WORLDWIDE ENTERPRISES & SERVICES LLC

Firm/Company

4550 N.W. 9TH STREET, #504-E

Address

MIAMI, FL 33126

City/State and Zip Code

nbideliverymiami@yahoo.com

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

For further information concerning this matter, please call:

CARLA MARTILOTTI

Name of Person

at ( 786 )

226-7512

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

12 SEP 28 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 19, 2012

CARLA MARTILOTTI  
WORLD WIDE ENTERPRISES & SERVICES LLC  
4550 NW 9TH ST - # 504-E  
MIAMI, FL 33126

SUBJECT: RIVERBARGE LLC  
Ref. Number: L12000037005

We have received your document for RIVERBARGE 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):

An individual must sign on behalf of the business entity you have designated as the registered agent.

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 812A00023507

**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: RIVERBARGE LLC

2. (a) Principal office address of limited liability company: Sarandi 560, Suites 401-402

(Note: MUST BE STREET ADDRESS)

Montevideo, Uruguay 11110

(b) Mailing address of limited liability company:

P.O. BOX 660618

(Note: MAY BE POST OFFICE BOX)

Miami Springs, FL 33266-0618

03/15/2012

L12000037005

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:

Nothing But Initials, Incorporated

Registered Office Address:

4550 N.W. 9TH STREET  
MIAMI, FLORIDA 33126

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

NEW Registered Agent:

Worldwide Enterprises & Services LLC

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

4550 N.W. 9TH STREET

#504-E

MIAMI, FL 33126

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 of a member or authorized representative of a member

CARLA MARTILOTTI

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 of Registered Agent

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

FILING FEE: \$25.00