

L12000076569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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10 7.9.14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TransCertain, 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:

John P Nachef

Name of Person

TransCertain, LLC

Firm/Company

1083 N. Collier Blvd. Suite 302

Address

Marco Island, FL 34145

City/State and Zip Code

jnachef@securecloudsystems.com

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

For further information concerning this matter, please call:

John P Nachef

Name of Person

at (239) 272-4927

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

RECEIVED
14 JUL - 8 PM 3:36
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2014

JOHN P. NACHEF
TRANSCERTAIN LLC
1083 NORTH COLLIER BLVD - STE. 302
MARCO ISLAND, FL 34145

SUBJECT: TRANSCERTAIN LLC
Ref. Number: L12000076569

We have received your document for TRANSCERTAIN 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):

The registered agent must sign accepting the designation.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 114A00012984

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

2. (a) **TransCertai, LLC**

(Note: MUST BE STREET ADDRESS)

Marco Island, FL 34145

(b) TransCertain, LLC

(Note: MAY BE POST OFFICE BOX)

Marco Island FL 34145

4. Document number

5. (a) 06/04/2012

Patrick Neale & Associates

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5470 Bryson Ct. Suite 103

Naples FL 34109

(b)

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

John P Nachev

NEW Registered Office Address:

1083 N. Collier Blvd. Suite 302

Marco Island FL 34145

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

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 605, 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

INHS19 (2/14)