

L12000156066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LUAND INDUSTRIES, 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:

JENNIFER M NIXON

Name of Person

Firm/Company

416 MORNINGSIDE DRIVE

Address

LAKELAND, FL 33803

City/State and Zip Code

j1mignon@aol.com

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

For further information concerning this matter, please call:

TRACY NIXON

Name of Person

at ( 917 )

865-8645

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  
14 OCT -8 PM 1:56  
SECRET  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 22, 2014

LUAND INDUSTRIES, LLC  
350 EAST 79TH ST, #37A  
NEW YORK, NY 10075

SUBJECT: LUAND INDUSTRIES, LLC  
Ref. Number: L12000156066

We have received your document for LUAND INDUSTRIES, 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):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed 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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 014A00018117

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*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.*

1. Name of the limited liability company: LUAND INDUSTRIES, LLC

2. (a) 350 E 79TH ST #35A (b) 350 E 79TH ST #35A

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

NEW YORK, NY 10075

NEW YORK, NY 10075

DECEMBER 14, 2012

L12000156066

3. Date of filing/registration in Florida

4. Document number

5. (a) INCORPORATING SERVICES, LTD

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1540 GLENWAY DRIVE

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

TALLAHASSEE, FL 32301

(b) JENNIFER M. NIXON

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

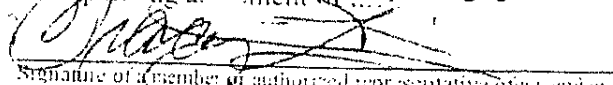
416 MORNINGSIDE DRIVE

**NEW** Registered Office Address:

LAKELAND, FL 33803

FILED  
14 OCT -8 PM 1:56  
TALLAHASSEE, FL 32301  
SECRETARY OF STATE

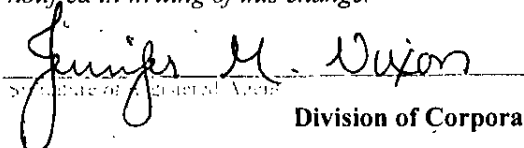
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.



TRACY L NIXON

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.*



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