

L15000131291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

JCS  
11-1-18

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INSULINNG 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:

Rolf-Peter Milczarek

Name of Person

INSULINNG LLC

Firm/Company

3030 N Rocky Point Drive Suite 150A

Address

Tampa, FL 33607

City/State and Zip Code

rpm@proinsulin-ng.com

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

For further information concerning this matter, please call:

Kevin Tremmel

Name of Person

at ( 239 )

913-9136

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

**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: INSULINNG LLC

2. (a) InsulinNG LLC (b) InsulinNG LLC

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

3030 N. Rocky Point Dr. STE 150A

Tampa, FL 33607

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

3030 N. Rocky Point Dr. STE 150A

Tampa, FL 33607

07/31/15

Date of filing/registration in Florida

L15000131291

Document number

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

DENISCO, CHRIS

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

12796 NW MARINER CT

PALM CITY, FL 34990

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

Registered Agents Inc.

NEW Registered Office Address:

3030 N. Rocky Point Dr. STE 150A

Tampa, FL 33607

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.

i. A. Smith  
Signature of a member or authorized representative of a member

Rolf-Peter Milczarek  
Printed or typed name of signer

*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.*

Bill Havre - Assistant Secretary  
Signature of Registered Agent

**FILED**  
JUL 13 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FL