

L16000142543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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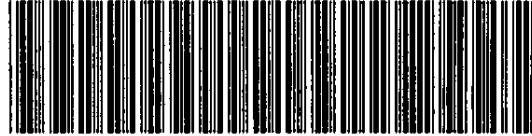
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 AUG 15 AM 11:00

AUG 31 2016
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2016

PAVAN JAGARAPU
NEWCASTLE WEST DATA SERVICES LLC
5224 NET DRIVE APT 109
TAMPA, FL 33634

SUBJECT: NEWCASTLE WEST DATA SERVICES, LLC
Ref. Number: L16000142543

FILED
TALLAHASSEE, FLORIDA

2016 AUG 31 PM 1:57

We have received your document for NEWCASTLE WEST DATA SERVICES, 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) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 016A00017415

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEWCASTLE WEST DATA SERVICES 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:

PAVAN JAGARAPU

Name of Person

NEWCASTLE WEST DATA SERVICES LLC

Firm/Company

5224 NET DR APT 109

Address

TAMPA FL 33634

City/State and Zip Code

jpavank@yahoo.com

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

For further information concerning this matter, please call:

Pavan Jagarapu

Name of Person

at (408) 718 6961

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

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
16 AUG 15 AM 11:00

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: NEW CASTLE WEST DATA SERVICES LLC

2. (a) 5224 NET DR APT 109

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

TAMPA, FL 33634

(b) 5224 NET DR APT 109

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

TAMPA, FL 33634

3. JULY 29, 2016

Date of filing/registration in Florida

LL16000142543

4. Document number

5. (a) CHEYENNE MOSLEY, UNITED STATES CORP AGENTS, INC

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

13302 WINDING OAK COURT A, TAMPA FL 33612

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TAMPA, FL 33612

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 AUG 15 AM 11:00

(b)

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

PAVAN JAGARAPU

NEW Registered Office Address:

5224 NET DR APT 109

TAMPA, FL 33634

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.

J. Par

Signature of a member or authorized representative of a member

Pavan Jagarapu

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.

J. Par

Signature of Registered Agent