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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

OCT 20 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 17, 2017

LAMONT MIGNOTT  
15715 S DIXIE HWY STE 211  
MIAMI, FL 33157

SUBJECT: N.J.R. VENTURES, LLC  
Ref. Number: L17000115591

We have received your document for N.J.R. VENTURES, 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 designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Dionne M Pijaux  
Regulatory Specialist

Letter Number: 117A00020961

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** N.J.R. VENTURES, 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:

**LAMONT MIGNOTT**

Name of Person

**MIGNOTT LAW, P.A.**

Firm/Company

**15715 SOUTH DIXIE HIGHWAY, STE 211**

Address

**MIAMI, FL 33157**

City/State and Zip Code

**service@miglegal.com**

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

For further information concerning this matter, please call:

**Lamont Mignott**

at ( **305** ) **420-5591**

Name of Person

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: N.J.R. VENTURES, LLC.

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

19498 NW 14TH STREET

19498 NW 14TH STREET

PEMBROKE PINES, FLORIDA 33029

PEMBROKE PINES, FLORIDA 33029

05/25/2017

L17000115591

3. Date of filing/registration in Florida 4. Document number

5. (a) GUSTAVO ARANGO

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

19498 NW 14TH STREET

PEMBROKE PINES, FL 33029

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

MIGNOTT LAW, P.A.

NEW Registered Office Address:

19498 NW 14TH STREET

PEMBROKE PINES, FL 33029

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

LAMONT MIGNOTT, ESQ.

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