

L17 000205396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

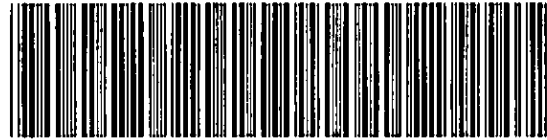
(Business Entity Name)

(Document Number)

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STATE OF ALABAMA
JANUARY 1, 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Newgentek LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel D. Whitehouse, Esq.

Name of Person

Whitehouse & Cooper, PLLC

Firm/Company

201 E. Pine Street, Suite 205

Address

Orlando, FL 32801

City/State and Zip Code

chon.nguyen@newgentek.com

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

For further information concerning this matter, please call:

Daniel D. Whitehouse, Esq.

321
at ()

285-2300

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

FIRST: The name of the limited liability company is: Newgentek LLC

SECOND: The Florida Document number of the limited liability company is: L17000205396

THIRD: The street address of the limited liability company's principal office is:

5555 W Waters Ave

Suite 610

TAMPA, FL 33634

The mailing address of the limited liability company's principal office is:

5555 W Waters Ave

Suite 610

TAMPA, FL 33634

FOURTH: The date the statement of authority became effective is: 2/21/2020

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

DocuSigned by:
Chon Nguyen
7FDF2A8AF3F2473...
Signature of authorized representative

Chon Nguyen
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

SECRET
TAMPA, FL 33634

2021 OCT 18 AM 9:09

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