

MU400000 0438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

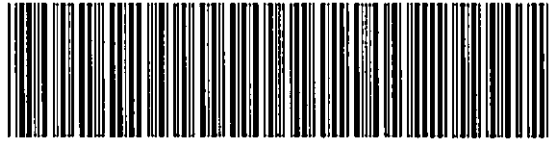
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong form

Office Use Only



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FILED
18 JUN 29 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O. SIMMONS
JUL 03 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2018

NAJA MARHJAN
917 VIRGINIA AVE, STE B
PAL M HARBOR, FL 34683

SUBJECT: RHEINHUETTE PUMPS, LLC
Ref. Number: M04000000438

We have received your document for RHEINHUETTE PUMPS, 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):

The form you submitted is for a CORPORATION, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 118A00012619

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RECEIVED

2018 JUN 29 AM 10:33

FLORIDA DEPARTMENT OF
DIVISION OF CORPORATIONS
TALLAHASSEE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RHEINHUETTE PUMPS, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NAJA MARJAN
Name of Person

RHEINHUETTE PUMPS
Firm/Company

971 VIRGINIA AVE, STE B
Address

PALM HARBOR, FL 34683
City/State and Zip Code

nmarjan@a-rh-pumps.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NAJA MARJAN at (727) 753-0880
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 ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: RHEINHUETTE PUMPS, LLC

Enter new principal office address, if applicable: 971 VIRGINIA AVE, STE B

(Principal office address

MUST BE A STREET ADDRESS)

PALM HARBOR

FL 34683

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

-

2. The Florida document number of this limited liability company is: M04000000438

3. Jurisdiction of its organization: _____

4. Date authorized to do business in Florida: JAN -27, 2004

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Title/ Capacity	Name	Address	Type of Action
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MGR	KLAUS WOLF	FRIATEC AG STEINZEUGSTRASSE 50 MANHEIM 68229 GERMANY	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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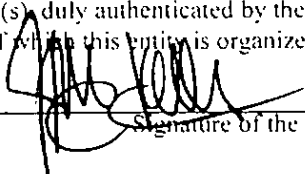
S	TAYLOR KELLY	971 VIRGINIA AVE, STE PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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CEO	FRANK THIELEN	ALIAxis GROUP SA AVENUE ARNAUD FRAITEUR 15-23 1050 BRUXSELLES, BELGIUM	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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D	FABIEN GAUTHIER-LAFAYE	ALIAxis GROUP SA AVENUE ARNAUD FRAITEUR 15-23 1050 BRUXSELLES, BELGIUM	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s) duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

JEFFREY KELLY

Typed or printed name of signee

Filing Fee: \$25.00