

2/28/2020

Division of Corporations



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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : HUNTON, ANDREWS, KURTH, LLP  
Account Number : I20000000236  
Phone : (305)810-2542  
Fax Number : (305)810-2460

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT CHANGE  
NIMROD LLC

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NIMROD 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:

KURRY, JONATHAN Z.

Name of Person

C/O HUNTON ANDREWS KURTH LLP

Firm/Company

1111 BRICKELL AVENUE, SUITE 2500

Address

MIAMI, FL 33131

City/State and Zip Code

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

For further information concerning this matter, please call:

KURRY, JONATHAN Z.

305

810-2491

at ( )

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

IN11S18 (2/14)

# 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: NIMROD LLC

2. (a) 3921 W. GULF DR. (b) 3921 W. GULF DR.

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

SANIBEL, FL 33957

SANIBEL, FL 33957

OCTOBER 3, 2005

M05000005662

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

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

C/O HUNTON ANDREWS KURTH LLP

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1111 BRICKELL AVENUE, SUITE 2500

MIAMI, FL 33131

(b) KURRY, JONATHAN Z.

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

C/O HUNTON ANDREWS KURTH LLP

NEW Registered Office Address:

1111 BRICKELL AVENUE, SUITE 2500

MIAMI, FL 33131

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

Michael Szymanczyk

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

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

FILING FEE: \$25.00