

M10000005505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEP 28 2015
S. YOUNG

SMITH, ANDERSON, BLOUNT
DORSETT, MITCHELL & JERNIGAN, L.L.P.

OFFICES
150 Fayetteville Street, Suite 2300
Wells Fargo Capitol Center
Raleigh, North Carolina 27601

LAWYERS

September 24, 2015

MAILING ADDRESS
P.O. Box 2611
Raleigh, North Carolina
27602-2611

PERKY L. KARMIRE
N.C. CERTIFIED PARALEGAL
DIRECT DIAL: (919) 838-2034
E-Mail: pkarmire@smithlaw.com

TELEPHONE: (919) 821-1220
FACSIMILE: (919) 821-6800

Via Federal Express

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


Re: *Amended Annual Report*
The Supply Source, LLC

Dear Sir/Madam:

I am enclosing an Amended Annual Report for The Supply Source, LLC as well as the \$25.00 filing fee. It would be greatly appreciated if you would return a filed copy to me in the self-addressed stamped envelope.

Please contact me if anything further is necessary. Thank you in advance.

Sincerely,



Perky L. Karmire, NCCP

PLK: kct
Enclosures

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Supply Source, 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:

Perky Karmire

Name of Person

Smith, Anderson, Blount, Dorsett, Mitchell & Jernigan, L.L.P.

Firm/Company

P.O. Box 2611

Address

Raleigh, NC 27602

City/State and Zip Code

pkarmire@smithlaw.com

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

For further information concerning this matter, please call:

Perky Karmire

Name of Person

at (919) 838-2034

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: The Supply Source, LLC

Enter new principal office address, if applicable: _____

(Principal office address)
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: _____

(Mailing address)
MAY BE A POST OFFICE BOX

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TREASURER, FLORIDA

2. The Florida document number of this limited liability company is: M10000005505

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/14/10

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

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," 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," "L.L.C." 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

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)(e), indicate that change:

Juan Michelena has resigned as President.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
------------------------	-------------	----------------	-----------------------

President	Juan Michelena	8500 Baycenter Road, Suite 18, Jacksonville, FL 32256	<input type="checkbox"/> Add
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☒ 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

Michalis Stavrinides - Vice Chairman

Typed or printed name of signee

Filing Fee: \$25.00