

# WILDEWOOD 5082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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JAN 23 A T 4  
RECEIPT OF STATION  
TALLAHASSEE, FLORIDA

01/09/17--01002-0025.00

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2017 JAN -6 PM 5:05

RECEIVED  
SHERIFF'S OFFICE  
TALLAHASSEE, FLORIDA

D. BRUCE  
JAN 24 2017



RECEIVED  
2017 JAN 19 PM 12:54  
FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
TALLAHASSEE, FLORIDA

January 9, 2017

GARRETT BENDER  
506 ANDREWS AVENUE  
DELRAY BEACH, FL 33483

SUBJECT: NEVER AGAIN 2, LLC  
Ref. Number: M16000005082

We have received your document for NEVER AGAIN 2, 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):

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

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 017A00000399

2017 JAN 23 A 7:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Never Again 2, 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:

## Garrett Bender

Name of Person

Never Again 2, LLC

**Firm/Company**

506 Andrews Avenue

### Address

Delray Beach, FL 33483

**City/State and Zip Code**

[gmb@rasflaw.com](mailto:gmb@rasflaw.com)

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

For further information concerning this matter, please call:

## Garrett Bender

561 241-6901

Name of Person

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**Area Code & Daytime Telephone Number**

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**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

MAKING ADDRESS.  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

**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: Never Again 2, 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)

\_\_\_\_\_

\_\_\_\_\_

2. The Florida document number of this limited liability company is: M16000005082

3. Jurisdiction of its organization: State of Oregon

4. Date authorized to do business in Florida: 06/23/2016

**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.")

2017 JAN 23 A 47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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

**FILED**

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

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

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<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Mitchell Gevinson	6409 Congress Ave, Suite 100	<input checked="" type="checkbox"/> Add

Boca Raton, FL 33487  Remove

Add

Remove

Add

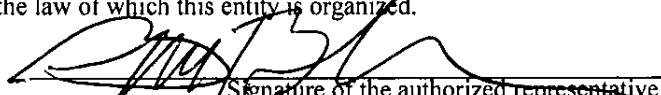
Remove

STURE  
CITY  
TALLAHASSEE, FLORIDA  
2017 JUN 23 A 7 47  
 Add  
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FILED

Remove

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

Garrett Bender

Typed or printed name of signee

Filing Fee: \$25.00