

M170000003367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

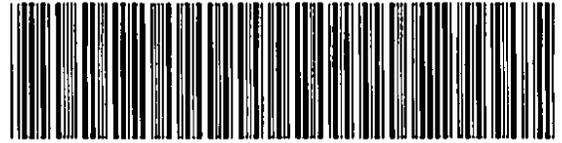
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500326510985

03/29/19--01024--020 \*\*25.00

2019 APR 22 PM 1:34

B. BRUCE  
APR 22 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 6, 2019

JAMIE POWELL  
6275 LANIER ISLANDS PKWY  
BUFORD, GA 30518

SUBJECT: MIDWEST ASSETS & OPERATIONS, LLC  
Ref. Number: M17000003367

We have received your document for MIDWEST ASSETS & OPERATIONS, 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) 245-6842.

Deborah Bruce  
Corporate Records Supervisor II

Letter Number: 519A00006917

2019 APR 22 PM 1:34

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MIDWEST ASSETS + OPERATIONS 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:

JAMIE POWELL

Name of Person

MIDWEST ASSETS + OPERATIONS

Firm/Company

6275 LAWIER ISLANDS PKWY

Address

BUFORD, GA 30518

City/State and Zip Code

J.POWELL@ONEWATERMARINE.COM

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

2016 APR 22 PM 1:34

For further information concerning this matter, please call:

JAMIE POWELL

Name of Person

at ( 678 ) 541-0290

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: MIDWEST ASSETS + OPERATIONS LLC  
DELEWARE

Enter new principal office address, if applicable: N/A

(Principal office address)  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: MIDWEST ASSETS + OPERATIONS  
(Mailing address)  
MAY BE A POST OFFICE BOX)

6275 LAWIER ISLANDS PKWY  
BUFORD, GA 30158

2. The Florida document number of this limited liability company is: M17000003367

3. Jurisdiction of its organization: Deleware

4. Date authorized to do business in Florida: 04/04/17

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

5. New name of the limited liability company: N/A  
(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

