

M170000003367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

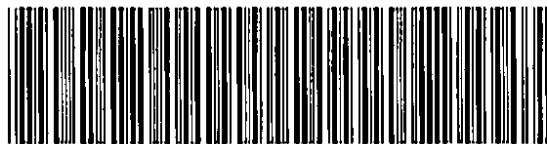
(Document Number)

Certified Copies _____

Certificates of Status _____

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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

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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)

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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:

(Mailing address)

MAY BE A POST OFFICE BOX)

MIDWEST ASSETS + OPERATIONS

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.

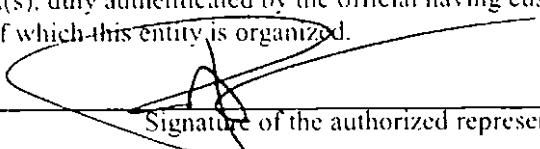
If Changing Registered Agent, Signature of New Registered Agent

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>CTR</u>	<u>KIM GEAMAN</u>	<u>580 N FEDERAL HWY</u>	<input type="checkbox"/> Add
		<u>DEERFIELD BEACH, FL</u>	<input checked="" type="checkbox"/> Remove
		<u>33441</u>	
<u>CTR</u>	<u>JAMIE POWELL</u>	<u>6275 LANIER ISLANDS PKWY</u>	<input checked="" type="checkbox"/> Add
		<u>BUFORD, GA 30518</u>	<input type="checkbox"/> Remove
<u>OWNER</u>	<u>AUSTIN SINGLETON</u>	<u>6275 LANIER ISLANDS PKWY</u>	<input checked="" type="checkbox"/> Add
		<u>BUFORD, GA 30518</u>	<input type="checkbox"/> Remove
<u>VP</u>	<u>DAVE WITTY</u>	<u>6275 LANIER ISLANDS PKWY</u>	<input checked="" type="checkbox"/> Add
		<u>BUFORD, GA 30518</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> 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

P. AUSTIN SINGLETON, JR

Typed or printed name of signee

Filing Fee: \$25.00

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