

M21 000012036

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

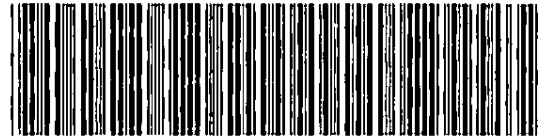
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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09/20/21--01011--009 \*\*30.00

11/20/21 11:00 AM

10/18/21



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 OCT 11 AM 11:37

September 30, 2021

MICHAEL EMOKPAE  
4320 W. BROWARD BLVD STE 5  
PLANTATION, FL 33317

SUBJECT: MEGA INDUSTRIAL LIMITED LLC  
Ref. Number: M21000012036

We have received your document for MEGA INDUSTRIAL LIMITED LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers  
Regulatory Specialist II

Letter Number: 221A00023650

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MEGA INDUSTRIAL LIMITED 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:

MICHAEL EMOKPAE

\_\_\_\_\_  
Name of Person

HIGH END INCOME TAX & ACCOUNTING SERVICES

\_\_\_\_\_  
Firm/Company

4320 W. BROWARD BLVD. STE 5

\_\_\_\_\_  
Address

PLANTATION, FL 33317

\_\_\_\_\_  
City/State and Zip Code

highendaccounting@msn.com

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

For further information concerning this matter, please call:

MICHAEL EMOKPAE

\_\_\_\_\_  
Name of Person

at ( 954 ) 730-7673

\_\_\_\_\_  
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     \$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: MEGA INDUSTRIAL LIMITED LLC

Enter new principal office address, if applicable: 4320 W. BROWARD BLVD. STE 5  
PLANTATION, FL 33317  
*(Principal office address  
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 4320 W. BROWARD BLVD. STE 5  
PLANTATION, FL 33317  
*(Mailing address  
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M21000012036

3. Jurisdiction of its organization: FLORIDA

4. Date authorized to do business in Florida: SEPT 8 2021

**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: HIGH END INCOME TAX & ACCOUNTING SERVICES

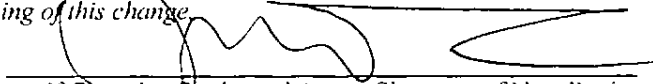
New Registered Office Address: 4320 W. BROWARD BLVD. STE 5

*Enter Florida Street Address*

PLANTATION, Florida 33317  
*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:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<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.

Courtney Thompson  
 Signature of the authorized representative  
 COURTNEY THOMPSON  
 \_\_\_\_\_  
 Typed or printed name of signee

Filing Fee: \$25.00