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T. CLINE

SEP -4 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2009

LISA BAKER
3300 S. HIAWASSEE ROAD, SUITE 107
ORLANDO, FL 32835

SUBJECT: CYCLONE BEVERAGES, LLLP
Ref. Number: A06000000615

We have received your document for CYCLONE BEVERAGES, LLLP and your check(s) totaling \$35.00. 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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 909A00028494

CLERK OF STATE
TALLAHASSEE, FLORIDA

AM 8:46

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CYCLONE BEVERAGES LLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A06000000615

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Lisa Baker
Contact Person

NBI JUICeworks LLP
Firm/Company

3300 S Hiwassee Rd Ste 107
Address

Orlando FL 32835
City, State and Zip Code

lbaker@nbijuiceworks.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Baker at (407) 291 1151
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. CYCLONE BEVERAGES LLLP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 05/05/2006 3. AD6000000615
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

AGC CO
Name
200 S Orange Ave
Address
SunTrust Center Ste 2300 Orlando FL 32801
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

NEW BEVERAGE INSIGHTS JUICENWORKS LLLP
Name
3300 S Hiawasse Rd Ste 107
Florida street address (P.O. Box not acceptable)
Orlando FL 32835
City, State and Zip

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TALLAHASSEE, FLORIDA

6. Such change(s) is/are effective when filed by the Florida Department of State.

Christina J. New
Signature of General Partner

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.

Christina J. New
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50