

# L04000085337

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

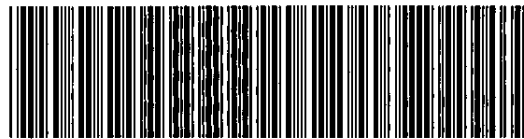
\_\_\_\_\_  
(Business Entity Name)

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

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2010 JUN 14 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
JUN 15 2010  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Orlando Smoothie, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Adam Lichter  
Name of Person

Orlando Smoothie, LLC  
Firm/Company

12140 Collegiate Way #100  
Address

Orlando FL 32817  
City/State and Zip Code

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

For further information concerning this matter, please call:

Adam Lichter at (407) 380-3333  
Name of Person 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

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Orlando Smoothie, LLC

2. (a) Principal office address of limited liability company:



(Note: **MUST BE STREET ADDRESS**)

12140 Collegiate Way  
St. 100  
Orlando, FL 32817

(b) Mailing address of limited liability company:



(Note: **MAY BE POST OFFICE BOX**)

12140 Collegiate Way  
St. 100  
Orlando, FL 32817

11/19/04  
3. Date of filing/registration in Florida

L04000085337  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Agent:

Giovio, Mary

Registered Office Address:

340 Lake Proctor  
Geneva, FL 32732

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

Lichter, Adam

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

14696 Tanja King Blvd.  
Orlando, FL 32828

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Adam  
Signature of a member or authorized representative of a member

Adam Lichter, Managing Member  
Printed or typed name of signer

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 608, 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.

Adam  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED  
JUN 14 PM 12:4  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE