

L05000061805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

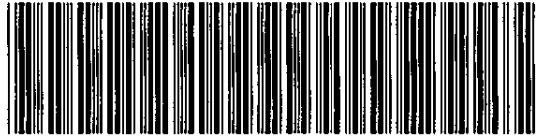
Certificates of Status _____

Special Instructions to Filing Officer:

Customized just
Change Principle address

Give 10/1 date

Office Use Only



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09/19/08--01012--011 **25.00

FILED
08 OCT -1 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/3



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2008

ELI POLER
1162 WESTON RD
WESTON, FL 33326

SUBJECT: BETALAR FOODS, LLC
Ref. Number: L05000061805

We have received your document for BETALAR FOODS, 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):

please call our office the document you sent shows no Registered Agent change.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 108A00051057

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Betalar Foods 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:

Eli Poler

(Name of Person)

Betalar Foods LLC

(Firm/Company)

1162 weston Rd.

(Address)

Weston Florida Zip 33326

(City/State and Zip Code)

For further information concerning this matter, please call:

eli poler

(Name of Person)

at (786) 4438403

(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: Betalar Foods LLC

2. (a) Principal office address of limited liability company: 7501 n kendall drive fc9
(Note: MUST BE STREET ADDRESS) miami fl 33156

(b) Mailing address of limited liability company: 7501 n kendall drive fc9
(Note: MAY BE POST OFFICE BOX) miami fl 33156

09/16/08 6/21/2005
3. Date of filing/registration in Florida

LOS000061805
4. Document number

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

Registered Agent: Eli Poler

Registered Office Address: 7501 n kendall drive fc9

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

NEW Registered Agent: Eli Poler

NEW Registered Office Address: 7501 n Kendall Drive fc9
(MUST BE FLORIDA STREET ADDRESS)

Miami FL 33156

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.

Eli Poler
(Signature of a member or authorized representative of a member)

Eli Poler
(Printed or typed name of signee)

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.

Eli Poler
(Signature of Registered Agent)

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00**