

# L07000118698

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

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

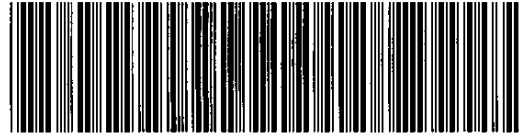
\_\_\_\_\_  
(Business Entity Name)

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

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

Special Instructions to Filing Officer:

Office Use Only



300187076353

10/29/10--01019--003 \*\*25.00

FILED  
2010 OCT 29 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
NOV 1 2010  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mangiasumo 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:

Fiorenzo Bresolin

Name of Person

Mangiasumo Foods, LLC

Firm/Company

2500 Quantum Lakes Dr, Suite 101

Address

Boynton Beach, FL 33426

City/State and Zip Code

desha@ggc.cc

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

For further information concerning this matter, please call:

Fiorenzo Bresolin

Name of Person

at ( 561 ) 740-2447 117

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: Mangiasumo Foods, LLC

2. (a) Principal office address of limited liability company: 2500 Quantum Lakes Drive



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

Suite 101  
Boynton Beach, FL 33426

(b) Mailing address of limited liability company: \_\_\_\_\_



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

Mangiasumo Foods, LLC  
2500 Quantum Lakes Drive, Ste 101

3. Date of filing/registration in Florida

11/27/2007

4. Document number

LO 7000118698

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

Registered Agent:

David B. Norris

Registered Office Address:

712 U.S. Highway One  
Suite 400  
North Palm Beach, FL 33408

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

NEW Registered Agent:

Fiorenzo Bresolin

NEW Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

Mangiasumo Foods, LLC  
2500 Quantum Lakes Drive, Ste 101  
Boynton Beach, FL 33426, FL

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.

Signature of a member or authorized representative of a member

Fiorenzo Bresolin

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.*

Signature of Registered Agent

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

**FILING FEE: \$25.00**