

LO80000023398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

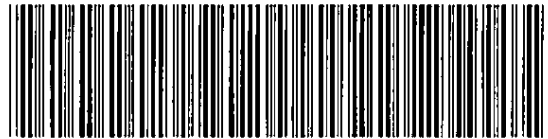
(Business Entity Name)

(Document Number)

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2023 OCT 18 PM 12:40  
DIVISION OF CORPORATE AFFAIRS  
STATE OF TEXAS

R. HUNT

10/18/23

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JUPITER LIQUORS, 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:

Bemal Ragoonanan

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

JUPITER LIQUORS, LLC

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

6689 WEST INDIANTOWN ROAD, #47

\_\_\_\_\_  
Address

Jupiter FL 33418

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

bemal@bellsouth.net

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

For further information concerning this matter, please call:

Bemal Ragoonanan

561

427-3886

at (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
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,  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certifier

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 OCT 18 PM 12:40

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

*Pursuant to the provisions of sections 605.0114 or 605.0116, 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: JUPITER LIQUORS, LLC

2. (a) 6689 WEST INDIANTOWN ROAD (b) 6689 WEST INDIANTOWN ROAD

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

Jupiter FL 33418

Jupiter FL 33418

03/05/2008

L08000023398

3. Date of filing/registration in Florida

4. Document number

5. (a) Shobhana Ragoonanan

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

14620 Broken Wing Lane

West Palm Beach, FL 33418

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

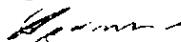
Bemal Ragoonanan

NEW Registered Office Address:

6689 W Indiantown Road #47

Jupiter, FL 33418

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.

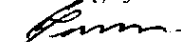


Bemal Ragoonanan

Signature of a member or authorized representative of a member

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 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.*



Signature of Registered Agent

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