

209 0000 13373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

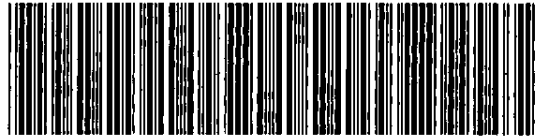
Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

789, 707, 671

209-13373

M. THOMAS

DEC - 3 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sour Apple 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:

Deborah R. Lapointe  
Name of Person

Sour Apple LLC  
Firm/Company

PO Box 2125  
Address

Key Largo FL 33037  
City/State and Zip Code

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

For further information concerning this matter, please call:

Deborah Lapointe at (305) 394-7640  
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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 19, 2009

DEBORAH R-LAPANTE  
10841 S.W. 93RD STREET  
MIAMI, FL 33176

SUBJECT: SOUR APPLE LLC  
Ref. Number: L09000013373

We have received your document for SOUR APPLE LLC 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 your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Regulatory Specialist II

Letter Number: 509A00036023

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2009 DEC -2 AM 9:58  
TALLHASSEE, FLORIDA  
SECRETARY OF STATE

**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: Sour Apple LLC  
2. (a) Principal office address of limited liability company: 10841 S.W. 93rd Street  
☐ Miami FL 33176  
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company:  
☐ (Note: **MAY BE POST OFFICE BOX**)

2/09/09  
3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Registered Office Address:

Frank Cabernete  
10841 S.W. 93rd Street  
Miami FL 33176

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

**NEW** Registered Agent:

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

Deborah R. Lapointe  
10841 S.W. 93rd Street  
Miami FL 33176

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.

Deborah R. Lapointe  
Signature of a member or authorized representative of a member

Deborah R. Lapointe  
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.

Deborah R. Lapointe  
Signature of Registered Agent

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