

LOG 000047197

(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:

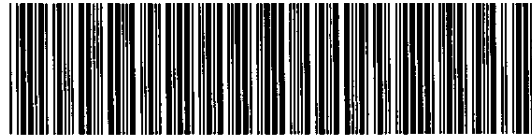
A

Office Use Only

B. KOHR

NOV - 8 2012

EXAMINER



800241213968

10/31/12--01011--013 \$*30.00

FILED
12 OCT 31 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 1, 2012

ROBERT LAIRD
FOOD GROUPS UNLIMITED, LLC
1519 CAPITAL CIRCLE N.E., #37
TALLAHASSEE, FL 31308

SUBJECT: FOOD GROUPS UNLIMITED LLC
Ref. Number: L09000047197

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for FOOD GROUPS UNLIMITED LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The amendment form must be signed. Please sign and return the amendment form.

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) 245-6051.

Buck Kohr
Regulatory Specialist II

Letter Number: 212A00026720

Please see the attached sheet to remove
me from an LLC, as a managing member.

Daytime phone # (850) 445-9777

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Return Address

Kevin Dennen
2500 Merchants Row Blvd
#158
Tallahassee, FL 32311

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Food Groups Unlimited, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Laird

Name of Person

Food Groups Unlimited, LLC

Firm/Company

1519 Capital Circle NE #37

Address

Tallahassee FL, 32308

City/State and Zip Code

ceo@foodgroupsunlimited.com

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

For further information concerning this matter, please call:

Kevin Dennin

Name of Person

at (850)

445-9777

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Kevin Dennin	2500 Merchants Row Blvd #158 Tallahassee FL 32311	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____, _____.

/s/ KEVIN DENNIN
Signature of a member or authorized representative of a member
Kevin Dennin

Typed or printed name of signee