

U 000001843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

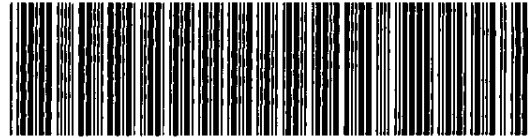
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300188827763

12/20/10--01057--005 **25.00

T. CLINE
JAN 10 2011
EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FL 32399

2011 JAN -7 PM 12:38

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2010

ALEX DE LA CRUZ
7950 SUNSET DRIVE
MIAMI, FL 33143

SUBJECT: ECO FRESH GROWERS, LLC
Ref. Number: L10000001843

We have received your document for ECO FRESH GROWERS, 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):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 610A00029479

2011 JAN -7 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ECO FRESH GROWERS, 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:

ALEX DE LA CRUZ

Name of Person

ECO FRESH GROWERS, LLC

Firm/Company

7950 SUNSET DRIVE

Address

MIAMI, FL 33143

City/State and Zip Code

alex@nctgllc.com

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

For further information concerning this matter, please call:

ALEX DE LA CRUZ

Name of Person

at (305)

670-1013

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

FILED
2011 JAN -7 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: ECO FRESH GROWERS, LLC

2. (a) Principal office address of limited liability company: 7950 SUNSET DRIVE

(Note: MUST BE STREET ADDRESS)

MIAMI, FL 33143

(b) Mailing address of limited liability company: 7950 SUNSET DRIVE

(Note: MAY BE POST OFFICE BOX)

MIAMI, FL 33143

01/06/2010

L10000001843

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

ALEX DE LA CRUZ

Registered Office Address:

7950 SUNSET DRIVE
MIAMI, FL 33143

(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)

7950 SUNSET DRIVE
MIAMI, FL 33143

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

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