

L10000084069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

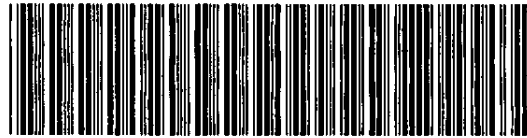
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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 21, 2013

PETE W. ELDRIDGE  
3543 ST. JOHNS AVE.  
JACKSONVILLE, FL 32205

SUBJECT: GREEN MAN GOURMET, LLC  
Ref. Nurnber: L10000084069

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DIVISION OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for GREEN MAN GOURMET, 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):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 913A00015671

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GREEN MAN GOURMET L.L.C.  
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:

W. PETER ELDRIDGE  
Name of Person

GREEN MAN GOURMET  
Firm/Company

3543 ST. JOHNS. AVE.  
Address

JACKSONVILLE FL. 32205  
City/State and Zip Code

GREENMANGOURMET@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETE ELDRIDGE at (904) 384-0002  
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

DO. WE NEED EXTRA SINCE WE  
INITIALLY SENT 35.00.

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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: GREEN MAN GOURMET LLC

2. (a) Principal office address of limited liability company: 3543 ST. JOHNS AVE  
JACKSONVILLE FLORIDA  
32205  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: 3543 ST JOHNS AVE  
JACKSONVILLE FL  
32205  
**(Note: MAY BE POST OFFICE BOX)**

JUNE 7, 2013  
3. Date of filing/registration in Florida

L10000084069  
4. Document number

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

Registered Agent: W. PETER ELDRIDGE

Registered Office Address: 3543 ST. JOHNS AVE.  
JACKSONVILLE FLORIDA  
32205

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

NEW Registered Agent: W. PETER ELDRIDGE

NEW Registered Office Address: 3543 ST. JOHNS AVE  
JACKSONVILLE  
32205 FL FL.  
**(MUST BE FLORIDA STREET ADDRESS)**

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.

W. Peter Eldridge  
Signature of a member or authorized representative of a member

W. PETER ELDRIDGE  
Printed or typed name of signer

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.

W. Peter Eldridge  
Signature of Registered Agent

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

FILING FEE: \$25.00

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2013 JUL 31 PM  
TALLAHASSEE, FL  
SECRETARY OF STATE