

L10000108282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

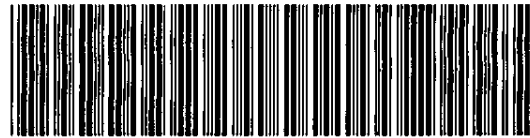
Special Instructions to Filing Officer:

L. SELLERS

11/15/11

EXAMINER

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10/24/11--01002--013 **25.00

FILED
11 NOV 10 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LaBella Hispanic Specialty Foods, 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:

Denise Simard
Name of Person

LaBella Sausage, LLC
Firm/Company

PO Box 15609
Address

Brooksville, FL 34604
City/State and Zip Code

dsimard@labellasausage.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise Simard at (352) 799-6307
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 26, 2011

DENISE SIMARD
P.O. BOX 15609
BROOKSVILLE, FL 34604

SUBJECT: LABELLA HISPANIC SPECIALTY FOODS, LLC
Ref. Number: L10000108282

We have received your document for LABELLA HISPANIC SPECIALTY FOODS, 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 designation of the registered agent must be at a Florida street address.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 411A00024501

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: LaBella Hispanic Specialty Foods, LLC

2. (a) Principal office address of limited liability company: 16170 Aviation Loop Drive

(Note: MUST BE STREET ADDRESS)

Brooksville, FL 34604

(b) Mailing address of limited liability company: PO Box 15609

(Note: MAY BE POST OFFICE BOX)

Brooksville, FL 34604

10/15/2010
3. Date of filing/registration in Florida

L10000108282
4. Document number

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

Registered Agent: C T Corporation System

Registered Office Address: 1200 South Pine Island Road
Plantation, FL

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

NEW Registered Agent: Denise Simard

NEW Registered Office Address: PO Box 15609 16170 Aviation Loop Drive
(MUST BE FLORIDA STREET ADDRESS) Brooksville, FL 34604

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 incorporation or the operating agreement of the limited liability company.

Paul Kurppe
Signature of a member or authorized representative of a member

Paul Kurppe, CEO
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.

Paul Kurppe
Signature of Registered Agent

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

FILED
11 NOV 10 PM 1:00
TALLAHASSEE, FL
SECRETARY OF STATE