

L10000/09433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**EXAMINER**

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**FILED**  
2011 DEC -6 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 29, 2011

SHAI TZABARI  
5909 SAINT AUGUSTINE ROAD #7  
JACKSONVILLE, FL 32207

SUBJECT: FLORIDA DELICO. LLC  
Ref. Number: L10000109433

We have received your document for FLORIDA DELICO. 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):

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 111A00026772

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLORIDA DELICO, 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:

SHAI TZABARI

Name of Person

FLORIDA DELICO, LLC

Firm/Company

5909 SAINT AUGUSTINE ROAD # 7

Address

JACKSONVILLE, FL 32207

City/State and Zip Code

stzabari@yahoo.com

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

For further information concerning this matter, please call:

SHAI TZABARI

Name of Person

at ( 904 )

576-3719

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

**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: FLORIDA DELICO, LLC

2. (a) Principal office address of limited liability company: SHAI TZABARI

(Note: **MUST BE STREET ADDRESS**)

5909 SAINT AUGUSTINE ROAD # 7  
JACKSONVILLE FL 32207

(b) Mailing address of limited liability company: THE SAME

(Note: **MAY BE POST OFFICE BOX**)

10/20/2010

3. Date of filing/registration in Florida

4. Document number

L10000109483

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

Registered Agent:

SHAI TZABARI

Registered Office Address:

5909 SAINT AUGUSTINE ROAD # 7  
JACKSONVILLE, FL 32207

(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**)

5909 SAINT AUGUSTINE ROAD # 7  
JACKSONVILLE, FL 32207

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

SHAI TZABARI

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