

L110000048462

(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



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09/23/11--01019--008 **35.00

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11 SEP 30 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
OCT 3 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2011

MARCIA FLETCHER KAZMI
1419 KNOLLWOOD STREET
ORLANDO, FL 32804

SUBJECT: MOM MOM'S GOURMET FOODS, LLC
Ref. Number: L11000048462

We have received your document for MOM MOM'S GOURMET FOODS, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 811A00022108

11 SEP 30 AM 10:55
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TALLAHASSEE, FLORIDA

Dear Deborah,

*Please see corrected
paperwork. Since I paid
\$ 35.00 I would appreciate
the ten dollar refund.*

Many Thanks for your help!

*Marcia Kazmi
407 340-3856*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mom Mom's Gourmet 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:

Marcia Fletcher Kazmi
Name of Person

Mom Mom's Gourmet Foods
Firm/Company

1419 Knollwood Street
Address

Orlando, FL 32804
City/State and Zip Code

Marcia Fletcher 29@Earthlink.net
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Marcia Fletcher Kazmi at (407) 425-3836
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

☒ paid
\$135.00

☐ \$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: Mom Mom's Gourmet Foods, LLC
2. (a) Principal office address of limited liability company: 1270 Belle Ave, Unit 115
c/o IPAC, INC
Winter Springs, FL 32708
- (Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 1419 Knollwood St.
Orlando, FL 32804
- (Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida 4/22/11
4. Document number L11000048462

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

Registered Agent:

Marcia Fletcher Kazmi

Registered Office Address:

1270 Belle Ave, Unit 115
c/o IPAC, INC
Winter Springs, FL 32708
US

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

NEW Registered Agent:

MARCIA Fletcher Kazmi

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

1419 Knollwood St.
Orlando FL
FL 32804

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.

Marcia F. Kazmi
Signature of a member or authorized representative of a member

MARCIA F. KAZMI
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.

Marcia F. Kazmi
Signature of Registered Agent

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