

L11000133627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

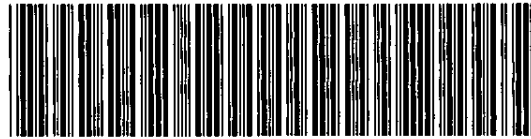
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SunKist Re-Packers LLC

Name of Corporation

DOCUMENT NUMBER: L11000133627

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason Bill Ding

Name of Contact Person

SunKist Products LLC

Firm/Company

1471 West Hillsboro Blvd.

Address

Deerfield Beach, FL. 33442

City/State and Zip Code

rb@sunkistproducts.biz

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

For further information concerning this matter, please call:

Jason Bill Ding

Name of Contact Person

at (954) 821-8994

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2012

JASON BILL DING
1471 WEST HILLSBORO BLVD.
DEERFIELD BEACH, FL 33442

SUBJECT: SUNKIST RE-PACKERS LLC
Ref. Number: L11000133627

We have received your document for SUNKIST RE-PACKERS 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 LIMITED LIABILITY COMPANY. 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) 245-6051.

Leslie Sellers
Regulatory Specialist II

Letter Number: 912A00014418

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: SunKist Re-Packers LLC

2. (a) Principal office address of limited liability company: 1471 West Hillsboro Blvd.
Deerfield Beach, FL 33442
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: PO Box 8511
Deerfield Beach, FL 33442
(Note: MAY BE POST OFFICE BOX)

04/13/2012

L11000133627

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: William J Nupp

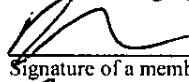
Registered Office Address: 1471 West Hillsboro Blvd
Deerfield Beach, FL 33442

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

NEW Registered Agent: David A Lingard

NEW Registered Office Address: 1471 West Hillsboro Blvd
(MUST BE FLORIDA STREET ADDRESS)
Deerfield Beach, FL 33442

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.

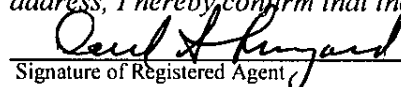


Signature of a member or authorized representative of a member

Bill Nupp

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

FILED
NOV 20 AM 10:24
CLERK OF STATE
TALLAHASSEE, FLORIDA