## L12000029803

(Re	questor's Name)	
(Ad	dress)	, .
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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JUL 1 2013 T. HAMPTON

## **COVER LETTER**

SUBJECT: DANCY FOODSERVICE SALES YSITEMS LL	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:	
DANIEL E ROBINSON  Name of Person	
DANCY FOOD SERVICE SALES & SYSTEMS Firm/Company	
17940 AYERSHIRE BLUD Address	
Address	
LAND DLAKES FL 34638	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
NANCY ROBINSON at (121) 234 385 2  Name of Person Area Code & Daytime Telephone Number	
Name of Person Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section Division of Corporations Division of Corporations	
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy	

TO:

Registration Section
Division of Corporations



RECEIVED

13 JUN 28 AM 6: 54

SECRETARY OF STATE TALLAHASSEE, FLORIDA

June 11, 2013

DANIEL E ROBINSON 17940 AYRSHIRE BLVD LAND O LAKES, FL 34638

SUBJECT: DANCY FOODSERVICE SALES & SYSTEMS, LLC

Ref. Number: L12000029803

We have received your document for DANCY FOODSERVICE SALES & SYSTEMS, LLC and your check(s) totaling \$55.00. 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 the corrected original and one copy of 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.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 713A00014653

## 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.

C

מרל	MAN Con Leaves Gares of Surrence III
1. Name of the limited liability company:	y company: 17940 AYERSHIRE BLVD  LAND OLAKES FL
2. (a) Principal office address of limited liabilit	y company: 17940 AYERSHIRE BLVD
(Note: MUST BE STREET ADDRESS	34638
(I.) Ma 22	
(b) Mailing address of limited liability comp (Note: MAY BE POST OFFICE BOX)	
,	
3/1/2012  3. Date of filing/registration in Florida	L120000 29803
3. Date of filing/registration in Florida	4. Document number
5 (a) Pagistared Agent and Registered Office	shown on the records of the Florida Dept. of State:
5. (a) Registered Agent and Registered Office	<i>1</i>
Registered Agent:	UNITED STATES CORPORATION AGENTS, INC.
Registered Office Address:	13302 WINDING OAK COURT
	SUITE A TAMPA, FL 33612 US
•	TARFA, IL GOOTE OU
(b) Enter name of NEW Registered Agent a	and/or NEW Registered Office address:
NEW Registered Agent:	DANIEL E ROBINSON
NOW POSSESSES AND	PESS) LAND OLAKES PLUD
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDR	(ESS) LAND O LAKES
	"FL <i>3¢(38</i>
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 mand the business office of the registered agent w	ade, the Florida street address of the registered office ill be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vere of as otherwise provided in the articles of organization of the company.
liability company, it is hereby confirmed that the	change(s) was/were authorized by an affirmative verte of
the operating agreement of the liny ted liability c	ompany.
Signature of a member or authorized representative of a member	
DANIEL E ROBINSON	RPGRS
Printed or typed name of signee	
I hereby accept the appointment as registered a	gent and agree to act in this capacity. I furthen agree to e to the proper and complete performance of my dimes, as of my position as registered agent as provided for in filed to merely reflect a change in the registered office ty company has been notified in writing of this change.
and I am familiar with and accept the obligation Chapter 608 F.S. Or if this document is being	is of my position as registered agent as provided for in filed to merely reflect a change in the registered office
address, I hereby confirme hat the limited liability	ty company has been notified in writing of this change.
Waniel Homan -	
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00