

L12 0000043552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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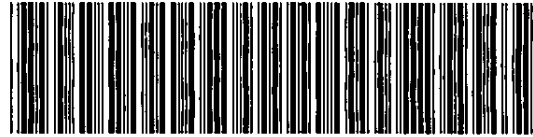
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

C.M.  
8-6-14

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CENTRAL FLORIDA CHEESE 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:

VILLECCO, JON

Name of Person

CENTRAL FLORIDA CHEESE LLC

Firm/Company

4241 LB MCLEOD RD SUITE D

Address

ORLANDO, FL 32811

City/State and Zip Code

jon@ricottaandcheese.com

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

For further information concerning this matter, please call:

VILLECCO, JON

Name of Person

at ( 407 )

913-1975

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

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14 JUL 24 PM 10:41  
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TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, 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: CENTRAL FLORIDA CHEESE LLC

2. (a) CENTRAL FLORIDA CHEESE LLC

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

4241 LB MCLEOD RD SUITE D,  
ORLANDO, FL 32811

(b) CENTRAL FLORIDA CHEESE LLC

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

4241 LB MCLEOD RD SUITE D,  
ORLANDO, FL 32811

03/29/2012

L12000043552

3. Date of filing/registration in Florida

4. Document number

5. (a) VELEZ, BRIAN, SR

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

VELEZ, BRIAN, SR

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4241 LB MCLEOD RD SUITE D,  
ORLANDO, FL 32811

(b) VILLECCO, JON

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

VILLECCO, JON

NEW Registered Office Address:

4241 LB MCLEOD RD SUITE D,  
ORLANDO, FL 32811

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TALLAHASSEE, FLORIDA

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.

Jon Villecco  
Signature of a member or authorized representative of a member

VILLECCO, JON

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 605, 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.*

Jon Villecco  
Signature of Registered Agent