

LI20000 95292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

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2019 APR -8 PM 5:37

CLERK OF COURT

C. GOLDEN

APR -9 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Olive My Pickle, 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:

Charlotte Tzabari

Name of Person

Olive My Pickle

Firm/Company

5913 St. Augustine Road #5

Address

Jacksonville FL, 32207

City/State and Zip Code

charlotte@olivemypickle.com

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

For further information concerning this matter, please call:

Charlotte Tzabari

Name of Person

904

576-3718

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2019

CHARLOTTE TZABARI
5913 ST. AUGUSTINE ROAD #5
JACKSONVILLE, FL 32207

SUBJECT: OLIVE MY PICKLE, LLC
Ref. Number: L12000095292

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 819A00005762

RECEIVED

2019 APR -8 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FL

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.

2. (a) 5913 St. Augustine Road, #5

Jacksonville, FL 32207

(b) 5913 St. Augustine Road, #5

Jacksonville, FL 32207

L12000095292

4. Document number

5. (a) Shai Tzabari

5913 St. Augustine Road #5

Jacksonville, FL 32207

, FL

(b) Charlotte Tzabari

5913 St. Augustine Road #5

Jacksonville, FL 32207

FL

Charlotte Tzabari

Signature of a member or authorized representative of a member

Signature of Registered Agent

FILING FEE: \$25.00