

L12000132784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

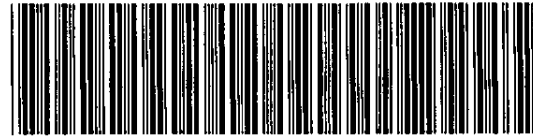
(Document Number)

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FILED
14 JAN 16 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JAN 17 2014

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: La Sombra Coffee, LLC
Name of Corporation

DOCUMENT NUMBER: L12000132784

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:

Babbi Gillespie
Name of Contact Person

La Sombra Coffee, LLC
Firm/Company

319 La Hacienda Drive
Address

Indian Rocks Beach, FL 33785
City/State and Zip Code

bobbijgillespie@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Babbi Gillespie at (727) 433-5309
Name of Contact Person 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

November 18, 2013

BOBBI GILLESPIE
319 LA HACIENDA DRIVE
IKNDIAN ROCKS BEACH, FL 33785

SUBJECT: LA SOMBRA COFFEE, LLC
Ref. Number: L12000132784

We have received your document for LA SOMBRA COFFEE, 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):

You submitted the wrong type of form, proper forms enclosed.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 113A00026614

\$10 Refund Due

*Pd. \$35 Corp. Filing Fee
(25) LLC " "
\$10
==*

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: La Sombra Coffee, LLC
2. (a) Principal office address of limited liability company: 9342 Oakhurst Rd.
(Note: **MUST BE STREET ADDRESS**) Seminole, FL 33776
- (b) Mailing address of limited liability company: Same
(Note: **MAY BE POST OFFICE BOX**)

3. Date of filing/registration in Florida: 10/18/12
4. Document number: L12000132784

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

Registered Agent:

The Company Corporation

Registered Office Address:

2711 Centerville Road
Wilmington, DE 19808

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

NEW Registered Agent:

Bobbi Gillespie

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

9342 Oakhurst Rd.
Seminole, FL 33776
FL

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.

Bobbi Gillespie
Signature of a member or authorized representative of a member

Bobbi Gillespie
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity and to 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.

Bobbi Gillespie
Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
14 JAN 16 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA