

L 12000133406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

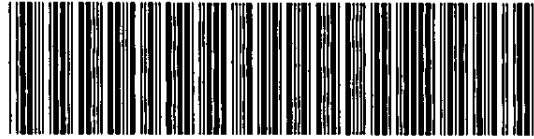
(Business Entity Name)

(Document Number)

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FILED
13 JUL 29 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUL 31 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2012

JULIA GOURMET FOOD
JULIE COLSTON
P.O. BOX 880221
BOCA RATON, FL 33488-0221

SUBJECT: JULIA GOURMET FOOD, LLC
Ref. Number: L12000133406

We have received your document for JULIA GOURMET FOOD, 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):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 012A00027081

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Julia Gourmet Food

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:

Allen Colston

Name of Person

Julia Gourmet Food

Firm/Company

18353 181st circle south

Address

Boca Raton, fl 33498

City/State and Zip Code

juliagourmet@yahoo.com

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

For further information concerning this matter, please call:

Allen colston

Name of Person

at (561) 929-6169

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

I have already paid \$25.00

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: Julia Gourmet Food

2. (a) Principal office address of limited liability company: 18353 181st circle south
Boca Raton, Fl 33498
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

P O Box 880221
Boca Raton, Fl. 33488

7/30/2013

L12000133406

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:

Allen Colston

Registered Office Address:

18353 181st circle south
Boca Raton, fl 33498

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

NEW Registered Agent:

mimi colston

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

18353 181st circle south
Boca Raton, Fl.

,FL 33498

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.

Allen Colston

Signature of a member or authorized representative of a member

Allen Colston

Printed or typed name of signer

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.

Mimi Colston

Signature of Registered Agent

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

FILING FEE: \$25.00