# 13000001118

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**B. BOSTICK** 

JUL - 9 2013

#### **COVER LETTER**

TQ: Registration Section

Division of Corporations

## Surject. Anita's Gourmet Food & Company 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:

### Ana B. Castano

Name of Person

#### Anita's Gourmet Food & Company LLC

Firm/Company

## 2540 Villagewalk Cr

Address

Wellington, FL 33414

City/State and Zip Code

## anitagourmet@gmail.com

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

For further information concerning this matter, please call:

## Ana B. Castano

<sub>at (</sub>561

2670673

Name of Person

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

## 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: Anita's Gourmet Food	& Company LLC	
2. (a) Principal office address of limited liability compan ( <i>Note: MUST BE STREET ADDRESS</i> )	y: 2540 Villagewalk Cr Wellington, FL 33414	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	9314 Forest Hill Suite 204 Wellington, FL 33411	
January 17/2013	15000007118 L	3000007118
3. Date of filing/registration in Florida	4. Document num	ber
5. (a) Registered Agent and Registered Office shown on	the records of the F	lorida Dept. of State:
Registered Agent:	Ana B. Castano	
Registered Office Address:	8223 Pine Cay Rd Wellington, FL 33414	
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office	ce address:
NEW Registered Agent:	Ana B. Castano	Sin & 1
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2540 Villagewalk Cr Wellington	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherw the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Ana B. Castabo  Printed or typed name of signee	Florida street address tical. Or, in the case was/were authorizise provided in the a	Florida, it is hereby s of the registered office e of a Florida limited ed by an affirmative vote of articles of organization or
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the plant I am familiar with and accept the obligations of my per Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability compared in Registered Agent		
Division of Corporations, P.O. Box 6 FILING FEE: 5	,	L 32314

INHS18 (05/08)

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 13, 2013

ANA B. CASTANO ANITA'S GOURMET FOOD & COMPANY LLC 2540 VILLAGEWALK CIRCLE WELLINGTON, FL 33414

SUBJECT: ANITA'S GOURMET FOOD & COMPANY LLC

Ref. Number: L13000007118

2813 JUL -8 PH 4: 10
SEURE HAY OF STAIL
TALLAHASSEE, FLORIDA

We have received your document for ANITA'S GOURMET FOOD & COMPANY LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

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.

Barbara Bostick Regulatory Specialist II

Letter Number: 713A00014937