

L13000115232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

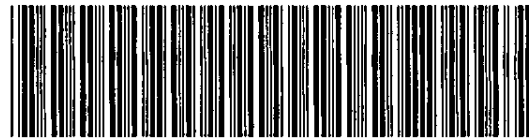
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

NOV 12 2013

A. LUNT

Office Use Only



000251268060

09/03/13--01040--019 **55.00

CLERK OF STATE
TALLAHASSEE, FLORIDA

2013 NOV -8 PM 1:26

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 6, 2013

REHANA MOHAMED
713 CRANBROOK AVE. NE
PALM BAY, FL 32905

SUBJECT: SUPERGOOD LLC
Ref. Number: L13000115232

We have received your document for SUPERGOOD LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 5b must be completed in order to process your document.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 013A00021103

2013 SEP -8 PM 1:26
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUPER GOOD
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:

Rehana Mohamed

Name of Person

SuperGood

Firm/Company

713 Cranbrook Avenue NE

Address

Palm Bay, FL 32905

City/State and Zip Code

rmohamed56@gmail.com

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

For further information concerning this matter, please call:

Rehana Mohamed

Name of Person

at (**321**) **525-0390**

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

FILED
2013 MAY -8 PM 1:26
TALLAHASSEE, FLORIDA

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: SUPERGOOD

2. (a) Principal office address of limited liability company: 1010 spinner way
(Note: **MUST BE STREET ADDRESS**) Madame, FL 32935

(b) Mailing address of limited liability company: 1010 spinner way
(Note: **MAY BE POST OFFICE BOX**) Madame, FL 32935

August 30 2013
3. Date of filing/registration in Florida

L13000115232
4. Document number

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

Registered Agent:

Vere Weaver

Registered Office Address:

2996 Westside Ave.
Palm Bay, FL 32909

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

NEW Registered Agent:

NEW Registered Office Address:
(**MUST BE FLORIDA STREET ADDRESS**)

2996 WESTSIDE AVE SE

PALM BAY, FL 32909

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.

Rehana Mohamed
Signature of a member or authorized representative of a member

REHANA MOHAMED

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 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.

Vere Weaver
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00