1400011622

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OCT 27 2015 S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 14, 2016

DUSTIN KEITH 1447 TALLEVAST ROAD SARASOTA, FL 34243

SUBJECT: ROCK BOTTOM BOTTLES, LLC

Ref. Number: L14000116222

We have received your document for ROCK BOTTOM BOTTLES, LLC and work 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.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 216A00022193

16 OCT 14 AM 8: 02

Corrected

COVER LETTER

TO:

Registration Section

Divi	sion of Corporations					
OUD INCH	Rock Bottom Bottles, LLC					
SUBJECT:	Name of Limited Liability Company					
Dear Sir or N	Madam:					
The enclosed	d Registered Agent/Registered Office	Change and for	ee(s) are submitted for filing.			
Please return	all correspondence concerning this n	natter to the fo	ollowing:			
Dustin Kei	ith					
•••	Name of Person		_			
Rock Botte	om Bottles, LLC					
	Firm/Company		_			
1447 Talle	evast Road		- - - - - - - - - - -	5 ⊇		
	Address		_ :	130		
Sarasota,	FL 34243			AM OF UC		
	City/State and Zip Code		_	Q;		
lalania@ro	ockbottombottles.com			r		
E-mail	address: (to be used for future annual	report notific	ation)			
For further is	nformation concerning this matter, ple	ease call:				
Lalania Ha	ayes	941 at (208-3922			
	Name of Person	,	Area Code & Daytime Telephone Number			
Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	Regi Divi P.O.	istration Section sion of Corporations Box 6327 ahassee, Florida 32314			
Encl	losed is a check for the following an	10unt:				
	25 Filing Fee		Filing Fee & Certified Copy			
INHS18 (2/14	* Paid \$35 with Please @ APP	check : lu and	# 2373 return \$10 refund			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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.

1. Na	me of the limited liability company: Rock Bottom	Bottle	s, LLC					
2. (a)	Rock Bottom Bottles, LLC		(b) Rock Bottom Bottles, LLC					
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			Mailing address of limited liability company:		
	1447 Tallevast Road		1447 Tali	levast Road				
	Sarasota, FL 34243		Sarasota	, FL 34243				
	7/20/2014		L1400011	6222				
3.	Date of filing/registration in Florida	4.	•	Document number	·			
5 (a)	James C Cirillo				_ -	70		
5. (a)	Registered Agent and Registered Office shown on the records of	the Florid	da Dept. of State:	:	ଚ	F-03		
	Rock Bottom Bottles, LLC		-		CI	至		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u></u> : <u>S)</u>		16 OCT 14	S 27		
	1447 Tallevast Road				R	170		
	Sarasota .FI	34243	3		ထံ	LORI		
(b)	Dustin Keith				92	āl.		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress:					
	Rock Bottom Bottles, LLC							
	NEW Registered Office Address:							
	1447 Tallevast Road							
	Sarasota	_34243	3					
the charagent was/we	mited liability company is not organized under the la nge or changes are made, the Florida street address or vill be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members of organization or the operating agreement of the	ws of the find the regularity of the line limited	e State of Flor istered office company, it is nited liability liability com	and the business office hereby confirmed that company or as otherw pany.	e of the r	egistered		
Signat	ure of a member or authorized representative of a member	MI		g, Title Manager				
I heret	or a member of authorized representative of a member of a member of a decept the appointment as registered agent and agents of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change	ree to ac performed for in hereby	et in this cana	Printed or typed name of si city. I further agree to uties, and I am jamilia F.S. Or, if this documhe limited liability com	r comply	with the id accept ing filed s been		
Signatur	e of Registered Agen							

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