

216000050460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

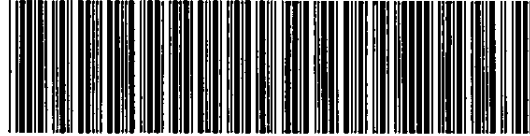
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TALLAHASSEE, FLORIDA

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2016 MAY 26
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

2016 MAY 23 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 9, 2016

VAUGHAN BROTHERS COMESTIBLES, LLC
LIGIA M VAUGHAN
1751 SW 11 TERRACE
MIAMI, FL 33135

SUBJECT: VAUGHAN BROTHERS COMESTIBLES, LLC
Ref. Number: L16000050460

We have received your document for VAUGHAN BROTHERS COMESTIBLES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 616A00009726

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vaughan Brothers Comestibles 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:

Ligia M. Vaughan

Name of Person

Vaughan Brothers Comestibles LLC.

Firm/Company

1751 SW 11 Terrace

Address

Miami

City/State and Zip Code

ligia@vaughancc.com

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

For further information concerning this matter, please call:

Ligia M. Vaughan

at (786)

566-3056

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

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TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: Vaughan Brothers Comestibles

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

1751 SW 11 Terrace

PO Box 451404

Miami, FL 33135

Miami, FL 33245

3/10/16

L16000050460

3. Date of filing/registration in Florida

4. Document number

5. (a) Ligia M. Vaughan

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3921 N. Meridian Ave. Apt. C

Miami Beach, FL 33140

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

NEW Registered Office Address:

1751 SW 11 Terrace

Miami, FL 33135

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.

[Signature]
Signature of a member or authorized representative of a member

Ligia M. Vaughan

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 605, 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.

[Signature]
Signature of Registered Agent

2016 MAY 26 P 12:08
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TALLAHASSEE, FLORIDA

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