

L190000 42603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

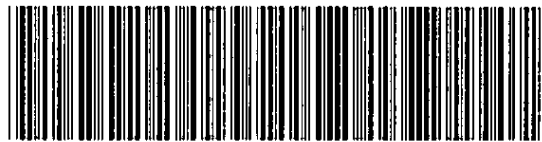
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2020 APR -3 PM 12:41



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 25, 2020

LIZMARIE RIVERA COTTO
9363 CHERRY PALM LN
ORLANDO, FL 32833

SUBJECT: FRAPPE ARTESANAL, LLC
Ref. Number: L19000042603

We have received your document for FRAPPE ARTESANAL, 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 520A00004142

2020 FEB -3 PM 1:17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Frappe Artesanal 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:

Lizmarie Rivera Cotto

Name of Person

Frappe Artesanal LLC

Firm/Company

1340 East Vine St.

Address

Kissimmee FL 34744

City/State and Zip Code

lizmarierivera@frappeartesanal.net

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

For further information concerning this matter, please call:

Lizmarie Rivera Cotto

at (787) 469-0473

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 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: Frappe Artesanal LLC

2. (a) New office address (b) New Mailing Address

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

1340 East Vine St., Kissimmee FL 34744

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

9363 Cherry Palm Ln, Orlando FL 32832

02/12/2019

L19000042603

3. Date of filing/registration in Florida

4. Document number

5. (a) Old office address shown on records.

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

Lizmarie Rivera Cotto

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

8043 Bushmaster Ave

Orlando, FL 32832

(b) New office address

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

Lizmarie Rivera Cotto

NEW Registered Office Address:

1340 East Vine St

Kissimmee, FL 34744

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

Lizmarie Rivera Cotto

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 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

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

2020 APR -3 PM 12:41