

K21000111 616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

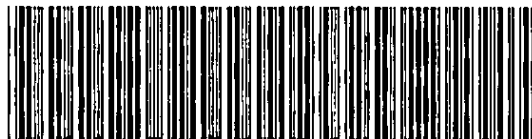
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2022 JAN 28 AM 8:57

FLORIDA DEPARTMENT OF STATE
Division of Corporations
SECRETARY OF STATE
TALLAHASSEE, FL

December 6, 2021

RAFAEL ESTEBAN CAMARGO BERBEO
4822 KINGSTON CIR
KISSIMMEE, FL 34746

SUBJECT: PURPLE TROPICAL FRUITS LAND LLC
Ref. Number: L21000111616

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 521A00029308

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PURPLE TROPICAL FRUITS LAND 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:

RAFAEL ESTEBAN CAMARGO BERBEO

Name of Person

PURPLE TROPICAL FRUITS LAND LLC

Firm/Company

4822 KINGSTON CIR

Address

KISSIMMEE, FL 34746

City/State and Zip Code

tierragratatropicalfruits@gmail.com

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

For further information concerning this matter, please call:

RAFAEL CAMARGO at () 3476531268
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: PURPLE TROPICAL FRUITS LAND LLC

2. (a) 4822 KINGSTON CIR KISSIMMEE, FL 34746 (b) 4822 KINGSTON CIR KISSIMMEE, FL 34746
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

03/08/2021

L21000111616

3. Date of filing/registration in Florida 4. Document number

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

RAFAEL ESTEBAN CAMARGO BERBEO

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

297 NE 108TH STREET

MIAMI, FL 33167

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

NEW Registered Office Address:

4822 KINGSTON CIR

KISSIMMEE, FL 34746

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.

Rafael Camargo Berbeo
Signature of a member or authorized representative of a member

RAFAEL ESTEBAN CAMARGO BERBEO

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.

Rafael Camargo Berbeo
Signature of Registered Agent

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

FILED
2022 JAN 28 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FL