

L22 000 156 814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

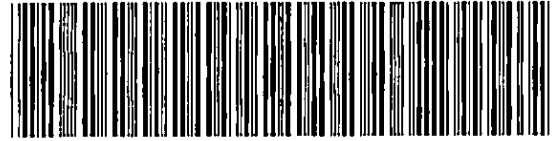
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10-30

Office Use Only



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2023 JUN 30 PM 3:51



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 16, 2023

MARCIA FOSTER  
1283 HARBOUR TOWN DRIVE  
ORANGE PARK, FL 32065

SUBJECT: FOSTER COOKERY LLC  
Ref. Number: L22000156814

We have received your document for FOSTER COOKERY 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):

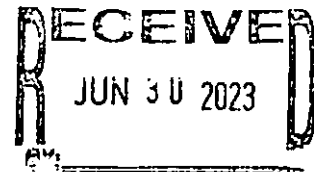
A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Tammi Cline  
Regulatory Specialist II Supervisor

Letter Number: 123A00013731



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FOSTER COOKERY 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:

FOSTER, MARCIA A

\_\_\_\_\_  
Name of Person

FOSTER COOKERY LLC

\_\_\_\_\_  
Firm/Company

1283 HARBOUR TOWN DRIVE

\_\_\_\_\_  
Address

ORANGE PARK, FL 32065

\_\_\_\_\_  
City/State and Zip Code

fostermarcia@hotmail.com

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

For further information concerning this matter, please call:

MARCIA A. FOSTER

\_\_\_\_\_  
Name of Person

910

at (\_\_\_\_\_) \_\_\_\_\_

330-2882

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

2018 JUN 20 11:51

**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: ~~FOSTER COOKERY LLC~~ Foster Cookery LLC

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)

1283 HARBOUR TOWN DRIVE

ORANGE PARK, FL 32065

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

03/31/2022 3/31/23 L22000156814

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

UNITED STATES CORPORATION AGENTS, INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

476 RIVERSIDE AVE.

JACKSVILLE, FL 32202

(b) \_\_\_\_\_

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

~~FOSTER COOKERY LLC~~

NEW Registered Office Address:

1283 HARBOUR TOWN DRIVE

ORANGE PARK, FL 32065

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.

Marcia A. Foster 3/31/23 MARCIA A. FOSTER  
Signature of a member or authorized representative of a member 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.*

Marcia A. Foster 3/31/23  
Signature of Registered Agent

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