

L37639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

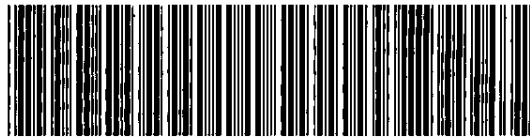
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B.A.

TB

OCT 27 2010

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** La Wonderful, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** L37639

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Linda M. Switzer  
Name of Contact Person

La Wonderful, Inc  
Firm/Company

4020 Central Ave  
Address

Tampa, FL 33603  
City/State and Zip Code

Switz4020@verizon.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda M. Switzer at ( 813 ) 390 6835  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 28, 2010

MARK R. SWITZER  
LA WONDERFUL, INC.  
4109 WEST TACON ST.  
TAMPA, FL 33629

SUBJECT: LA WONDERFUL, INC.  
Ref. Number: L37639

We have received your document for LA WONDERFUL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can not resign as officer/director and register agent on the same for.

The fee to resign as registered agent of an active corporation is \$87.50.

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) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 510A00023040

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: La Wonderful, Inc. / C/O Mark Switzer
2. The principal office address: 4020 Central Avenue, Tampa, FL 33603
3. The mailing address (if different): 4020 Central Avenue, Tampa, FL 33603
4. Date of incorporation/qualification: 12-15-89 Document number: L37639

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Mark R. Switzer

4020 Central Avenue

Tampa, FL 33603

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Linda M. Switzer

4020 Central Avenue

P.O. Box NOT acceptable

Tampa, FL 33603


The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Mark R. Switzer, President  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

X   
Signature of Registered Agent

10/17/10  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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