

MO9 00000 2360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

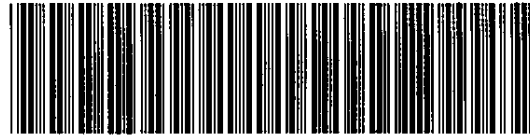
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

JUN 08 2010

EXAMINER

S. HAWKES

JUN 08 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SFM Acquisition LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Craig Swill
Name of Person

SFM Acquisition
Firm/Company

5830 Coral Ridge Drive Suite 240
Address

Coral Springs, FL 33076

Craig. Swill@WelcomeWagon.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person _____ at (954) 509-7742.
Area Code and 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☐ \$30 Filing Fee & Certificate of Status

☐ \$55.00 Filing Fee & Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: SFM Acquisition LLC

2. This entity was formed under the laws of: State of Delaware

3. This entity was authorized to transact business in Florida on 6/19/09
and its Florida document/registration number is M09000002360

4. The name and address of each manager or managing member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Name and Address:

Craig Swill
5830 Coral Ridge Drive Suite 240
Coral Springs, FL 33076

Required Signature: _____

Signature of Manager, Managing Member or Member

Filing Fee: \$25

FILED
JUN 17 PM 2:25
CLERK OF STATE
TALLAHASSEE, FLORIDA