

MO9000003758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

MO9-3758

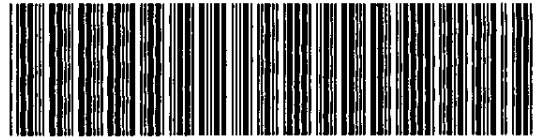
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TALLAHASSEE, FLORIDA

N. Culligan 12/29 30 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEVITA INVESTMENTS 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:

MISTI JIMENEZ

Name of Person

BEVITA INVESTMENT LLC

Firm/Company

10831 ARROWTREE BLVD

Address

CLERMONT, FL. 34715

City/State and Zip Code

SMTM827@GMAIL.COM

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

For further information concerning this matter, please call:

MISTI JIMENEZ at (321) 303-0153

Name of Person

Area Code & 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

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 3, 2012

MISTI JIMENEZ
PO BOX 1336
MINNEOLA, FL 34755

SUBJECT: BEVITA INVESTMENTS LLC
Ref. Number: M09000003758

We have received your document for BEVITA INVESTMENTS 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):

We are enclosing the proper form(s) with instructions for your convenience.

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

A post office box is not an acceptable address for the registered agent.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 012A00000054

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: BEVITH INVESTMENTS LLC
2. (a) Principal office address of limited liability company: 10831 ARROWTREE BLVD
CLERMONT, FL. 34715
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: 10831 ARROWTREE BLVD
CLERMONT FL 34715
(Note: MAY BE POST OFFICE BOX)
3. Date of filing/registration in Florida: 9/22/09
4. Document number: M09000003758

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

Registered Agent:

Registered Office Address:

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12 JAN 30 PM 4:17
TALLAHASSEE FLORIDA
SECRETARY OF STATE

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

NEW Registered Agent:

NEW Registered Office Address:

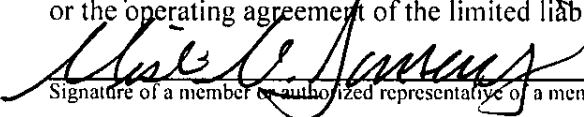
(MUST BE FLORIDA STREET ADDRESS)

MISTI JIMENEZ

10831 ARROWTREE BLVD

CLERMONT, FL 34715

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 of a member or authorized representative of a member

MISTI JIMENEZ
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 608, 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 of Registered Agent

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

FILING FEE: \$25.00