

M11000003067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

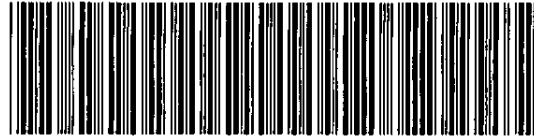
Special Instructions to Filing Officer:

A. LUNT

SEP 14 2011

EXAMINER

Office Use Only



300212059243

09/14/11--01009--014 **25.00

RECEIVED
11 SEP 14 PM 2:48
BEACH COUNTY STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 09/14/11

REF. #: 000177.154134

CORP. NAME: FRESH ALTERNATIVES, LLC

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 541484 **FOR \$** 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**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: FRESH ALTERNATIVES, LLC

2. This entity was formed under the laws of: DELAWARE

3. This entity was authorized to transact business in Florida on JUNE 16, 2011
and its Florida document/registration number is M11000003067

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

CEOP

RONALD K. FULLER
109 NORTH KENTUCKY AVENUE
LAKE LAND, FLORIDA 33801

CFO

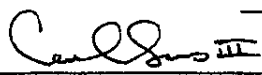
CALVIN C. SELLERS, III
109 NORTH KENTUCKY AVENUE
LAKE LAND, FLORIDA 3380

MGR

DEREK MCDOWELL
2601 SOUTH BAYSHORE DRIVE, SUITE 1425
COCONUT GROVE, FLORIDA 33133

MGR

CHARLES HANEMANN
2601 SOUTH BAYSHORE DRIVE, SUITE 142
COCONUT GROVE, FLORIDA 33133

Required Signature: 

Signature of Manager, Managing Member or Member

Filing Fee: \$25