

129 000008588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

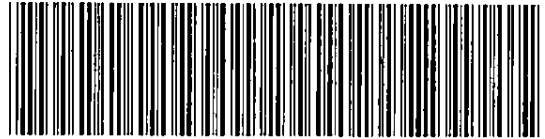
(Document Number)

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

Special Instructions: **J. HORNE** Officer:

**AUG 14 2024**

Office Use Only



100428911421

FILED  
2024 AUG -9 AM 9:24  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

RECEIVED  
2024 AUG -9 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 12, 2024

CT CORP

SUBJECT: BEVERAGE EQUIPMENT REPAIR, LLC  
Ref. Number: M23000008588

**CORRECTED**  
Please Allow For  
Same File Date

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

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.

Jasmine N Horne  
Regulatory Specialist II

Letter Number: 524A00017780

RECEIVED  
2024 AUG 13 PM 3:40  
TALLAHASSEE, FLORIDA

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 08/09/2024

Acc#120160000072

*en: c 12/11*

Name:	BEVERAGE EQUIPMENT REPAIR, LLC
Document #:	
Order #:	15809327

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **25.00**

**Thank you!**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Beverage Equipment Repair, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nathan DePasquale

Name of Person

Beverage Equipment Repair, LLC

Firm/Company

1020 NE Pine Island Rd, Unit 201

Address

Cape Coral, FL, 33909

City/State and Zip Code

nate@beveragerepair.com

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

For further information concerning this matter, please call:

Zoey Cook

at (239) 573-0683

Name of Person

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    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Beverage Equipment Repair, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M23000008588

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 06/30/2023

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Nathan DePasquale

New Registered Office Address: 1020 NE Pine Island Rd, Unit 201

*Enter Florida Street Address*

Cape Coral

*City*

Florida 33909

*Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*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.*

  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	Frankie Costa	1020 NE Pine Island Rd, Unit #201	<input type="checkbox"/> Add
		Cape Coral, FL 33909	<input checked="" type="checkbox"/> Remove
AR	Travis Ammons	1020 NE Pine Island Rd, Unit #201	<input type="checkbox"/> Add
		Cape Coral, FL 33909	<input checked="" type="checkbox"/> Remove
AMBR	Nathan DePasquale	1020 NE Pine Island Rd, Unit #201	<input checked="" type="checkbox"/> Add
		Cape Coral, FL 33909	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

Nathan DePasquale  
Typed or printed name of signee

**Filing Fee: \$25.00**