

PO3 000 109261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

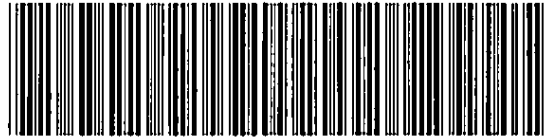
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 13, 2021

SALAD & CO., INC.

1857 SW 14TH TERR.
MIAMI, FL 33145

SUBJECT: SALAD & CO., INC.
Ref. Number: P03000109261

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It has been brought to our attention that SALAD & CO., INC. has designated itself as registered agent. Florida law requires the registered agent be an individual who resides in this state or another authorized business entity found on the records of this office.

Therefore, the purpose of this letter is to notify this entity: 1.) that statutory compliance of properly maintaining a registered agent is not being met and 2.) that the entity named above is subject to administrative dissolution for failing to maintain a registered agent.

Therefore, the information must be corrected on our records.

Please consider this notice of our intent to administratively dissolve/revoked this entity on or after February 11, 2022 if a new registered agent is not properly designated.

Please complete and submit the enclosed form. This change may be processed at no charge, as the annual report process should have prevented the report from being accepted. Enclose a copy of this letter to ensure proper handling.

Please let us know should you have any questions.

Sincerely,
RoseAnn Varnadore
Division of Corporations

Letter No: 021A00029961

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Salad & Co. Inc.
Name of Corporation

DOCUMENT NUMBER: P03000109261

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:

Margarita Elias
Name of Contact Person

Salad & Co. Inc.
Firm/Company

1857 S.W. 14th W.
Address

Miami, FL 33145
City/State and Zip Code

melias28@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margarita Elias at (786) 315-7773
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Salad & Co. Inc.
2. The principal office address: 1245 S.W. 22nd St.
Miami, FL 33145
3. The mailing address (if different): 1857 S.W. 14th W. Miami, FL 33145
4. Date of incorporation/qualification: 10/3/03 Document number: P03000109261
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)

Salad & Co. Inc.
1857 S.W. 14th W.
Miami, FL 33145

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

Margarita Elias
1857 S.W. 14th W.
Miami, FL 33145
P.O. Box NOT acceptable

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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.

Margarita Elias
Signature of an officer or director

Margarita Elias
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.

Margarita Elias
Signature of Registered Agent

Margarita Elias
Date

12/16/21

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 (04/13)