L03 0000 15440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
SEP 15 2008
EXAMINER

LAW OFFICES OF FRED TROMBERG

ATTORNEYS AT LAW
4925 BEACH BOULEVARD
JACKSONVILLE, FLORIDA 32207
(904) 396-5321
FAX (904) 396-5730

FRED TROMBERG*
*BOARD CERTIFIED CIVIL TRIAL LAWYER

CHARLES F. SCHMITT
JOELLE M. SCHULTZ
CORY CHASTANG

September 10, 2008

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

RE: Our Client: MacKenzies Restaurant Group, LLC

Dear Sir/Madam:

Attached please find documents effecting a change of Registered Agent for the above-referenced limited liability company, including the filing fee related thereto.

Kindly record same in the Official Records of the Department of State, Division of Corporations. Please do not hesitate to contact the undersigned attorney with any questions related thereto.

Thank you for your cooperation in this matter.

Very truly yours,

Charles F. Schmitt

CFS/ccb
Enclosures
cc: Mr. Donald Meyer (w/encls.)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MacKenzies Restaurant Group, 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:

Charles F. Schmitt, Esquire
(Name of Person)

Law Offices of Fred Tromberg
(Firm/Company)

4925 Beach Boulevard
(Address)

Jacksonville, Florida 32207
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Charles F. Schmitt, Esquire at (904) 396-5321
(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

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: MacKenzies Restaurant Group, LLC

2. (a) Principal office address of limited liability company: 100 Sawgrass Village
(***Note: MUST BE STREET ADDRESS***) Ponte Vedra Beach, Florida 32082

(b) Mailing address of limited liability company: 100 Sawgrass Village
(***Note: MAY BE POST OFFICE BOX***) Ponte Vedra Beach, Florida 32082

April 30, 2003
3. Date of filing/registration in Florida

L03000015440
4. Document number

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

Registered Agent: Barker & Barker, P.A.

Registered Office Address: 4244 ST. Johns Avenue
Jacksonville, Florida 32210

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

NEW Registered Agent: Law Offices of Fred Tromberg

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS) 4925 Beach Boulevard
Jacksonville, FL 32207

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.

Donald W. Meyer
(Signature of a member or authorized representative of a member)

Donald Meyer DONALD MEYER
(Printed or typed name of signee)

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

INHS18 (05/08)