

A05 000000236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

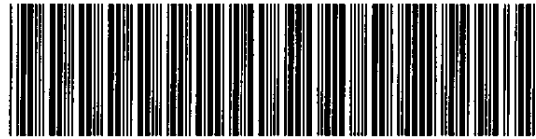
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: BUN & THIGH DOER, LTD.

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A05000006236

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

W. H. Milmo

(Contact Person)

C.D.S International Holdings, Inc.

(Firm/Company)

95 Northeast Fourth Avenue

(Address)

Delray Beach, FL 33483

(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

William Milmo

(Name of Contact Person)

at (561) 278-1169

(Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section

Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314

INHS04 (01/06)

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Bun + Thigh Doer, Ltd
Name of Limited Partnership or Limited Liability Limited Partnership

2. 2-1-05
Date of filing/registration in Florida

3. A05000000236
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Hackney, Robert C
Name

11891 U.S. Highway One, Suite 100
Address

North Palm Beach, FL 33408
City, State and Zip


5. The name and Florida street address of the new registered agent and/or office:

W. H. Milmo
Name

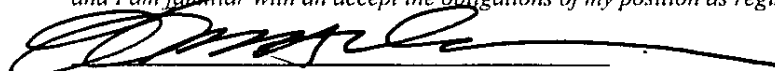
95 NE Fourth Avenue
Florida street address (P.O. Box not acceptable)

Delray Beach FL 33483
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

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.


Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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