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To:

Division of Corporations

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From:

Account Name : IVAN, COLE & BONNETTE, P.A.

Account Number : 120050000014 Phone : (904)358-3006

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TILLAHASSEE, FLORIDA

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CIGARZ AT THE ORLANDO ARENA, LLC

REGISTERED AGENT CHANGE

Certificate of Status	0
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C. LEWIS SEP 4 2009

EXAMINER

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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: _____ Cigarz at the Orlando Arena, LLC 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 600 West Amelia Street Orlando, FL 32801 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 2871 N. Federal Highway Fort Lauderdale, FL 33306 01/25/2000 1.00000000886 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Bruce O. Rossmever Registered Agent: Registered Office Address: <u>2871 N. Federal Highway</u> Fort Lauderdale, FL 33306 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: Dean G. Pepe **NEW Registered Office Address:** <u>1637 N. US Hwy 1</u> (MUST BE FLORIDA STREET ADDRESS) Ormond Beach 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. Signature of a member or authorized representative of a member Sandra B. Rossmeyer, Personal Representative, Printed or typed name of signee Estate of Bruce O. Rossmeyer, Managing Member

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

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