

L000000009798

Requestor's Name  
925 NE 17th Terrace  
Address  
Fort Lauderdale, FL 33304  
City/State/Zip Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

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-10/02/00--01086--019  
\*\*\*\*\*60.00 \*\*\*\*\*25.00

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

L00-9798  
ff \$25.00

**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. The name of the limited liability company is: GERMAN KITCHEN LLC.
2. The mailing address of the limited liability company is: 925 NE 17 TER. #2.  
FORT LAUDERDALE, FL 33304

3. Date of filing/registration in Florida AUGUST 14, 2000
4. Document number L 0000000 9798

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

RALF SIEGERT  
Name  
555 NO. BIRCH ROAD, SUITE 202  
Address  
FORT LAUDERDALE, FL 33304  
City, State and Zip

6. The name and address of the new registered agent and/or office:

ALEXANDER GROSSMANN  
Name  
925 NE 17 TERRACE  
Florida street address (P.O. Box NOT acceptable)  
FORT LAUDERDALE 33304  
City, State and Zip

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]  
(Signature of a member or authorized representative of a member)



Suzanne Onayak  
Commission # CC 908596  
Expires Feb. 7, 2004  
Bonded Thru  
Atlantic Bonding Co., Inc.

[Signature]

PETER STERZ ALEXANDER GROSSMANN  
(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]  
(Signature of Registered Agent)



Suzanne Onayak  
Commission # CC 908596  
Expires Feb. 7, 2004  
Bonded Thru  
Atlantic Bonding Co., Inc.

[Signature]

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