## L01000020699

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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SECRETARY OF STATE DIVISION OF CORPORATIONS

J.BBKANN AUG.B.B.2908<sub>008</sub> EKAMINER

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EMERIL'S TCHOUP CHOP, LLC (Name of Limited Liability Company)	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted	l for filing.
Please return all correspondence concerning this matter to the following:	
GEORGE DITTA	
(Name of Person)	<b>88</b>
EMEDIUS LIONE DAGE	SECRETARY OR PORATION OR AUG 27 PM 1: 10
EMERIL'S HOME BASE (Firm/Company)	27
	7 PM 1: 10
829 ST CHARLES AVE	To Ario
(Address)	0 3
NEW ORLEANS, LA 70130	
(City/State and Zip Code)	
For further information concerning this matter, please call:	r
GEORGE DITTA at (504 ) 524-4241	
(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 & Certified	і Сору

## 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 i	is: EMERIL'S TCHOUP CHOP, LLC	•
2. The mailing address of the limited liability	company is: 829 ST CHARLES A	VE,
NEW ORLEANS, LA 70130		•
1/16/2007	L01000020699	
3. Date of filing/registration in Florida	4. Document numbe	r
5. The name of the registered agent and the reg Florida Department of State: <u>CYNTHIA RICI</u>		U
2201 NORTHEA	AST COACHMAN RD Address	SECR IVISION
CLEARWATER, Cit		FILED STATE OF STATE OF STATE OF CORPORATIONS OF CORPORATIONS OF A 10-10
6. The name and address of the new registered	agent and/or office:	PH 1
CYNTHIA RICE		ATIONS ATIONS
1744 N. BELCHI	Name ER RD, STE 150	<b>5</b>
Florida street addr	ess (P.O. Box NOT acceptable)	
CLEARWATER	FL 33765	
City	, State and Zip	
If the limited liability company is not organize confirmed that after/the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that of the members of the limited hability compa or the operating agreement of the limited liability.	e made, the Florida street address of will be identical. Or, in the case of the change(s) was/were authorized by ny or as otherwise provided in the audity company.	the registered office a Florida limited
(Signature of a member of alternorized representative of a member of signe)  (Printed or typed name of signee)	LEGALCOUNSEL, EMER	IL'S HOMEBASE, LLE
I hereby accept the appointment as registered comply with the provisions of all statutes related and I am familiar with and accept the obligate Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liab	d agent and agree to act in this capa tive to the proper and complete perf ions of my position as registered age ng filed to merely reflect a change in ility company has been notified in w	city. I further agree to ormance of my duties, ent as provided for in the registered office oriting of this change.
(Signiflure Of Registerlamgent)		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00