

102000015161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

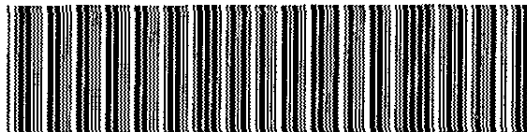
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TALLAHASSEE, FLORIDA

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102-15161
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 25, 2006

SCOT SHANE
1456 W. NEWPORT CENTER DR.
DEERFIELD BEACH, FL 33442

SUBJECT: MILANO MANAGEMENT LLC
Ref. Number: L02000015161

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TALLAHASSEE, FLORIDA

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We have received your document for MILANO MANAGEMENT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 706A00047090

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MILANO MANAGEMENT LLC
(Name of Corporation)

DOCUMENT NUMBER: L02000015161

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

Please return all correspondence concerning this matter to the following:

SCOT SHANE
(Name of Contact Person)

MILANO BROTHERS INTL
(Firm/Company)

1456 W. NEWPORT CENTER DRIVE
(Address)

DEERFIELD BEACH, FL 33442
(City/State and Zip Code)

For further information concerning this matter, please call:

SCOT SHANE at (954) 420-5000
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MILANO MANAGEMENT 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:

Scot Shawe
(Name of Person)

MILANO Brothers INTL
(Firm/Company)

1456 W. Newport Center Dr
(Address)

Deerfield Beach FL 33442
(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Scot Shawe at 954 420-5000
(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. The name of the limited liability company is: MILANO MANAGEMENT LLC
2. The mailing address of the limited liability company is: 1456 W. NEWPORT CENTER DR
DEERFIELD BEACH, FL 33442
3. Date of filing/registration in Florida: 6/18/02
4. Document number: L 020000 15161

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

LIBOW, ALLEN H ESQUIRE
Name
3351 NW BOCA RATON BLVD
Address
BOCA RATON FL 33431
City, State and Zip

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

PIER GUIDUGLI
Name
1456 W. NEWPORT CENTER DR
Florida street address (P.O. Box NOT acceptable)
DEERFIELD BEACH FL 33442
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 of a member or authorized representative of a member)

PIER GUIDUGLI
(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

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TALLAHASSEE, FLORIDA