## 103000027940

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(Cit	ty/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
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Certified Copies	Certificates of Status					
Special Instructions to	Filing Officer:					
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Office Use Only



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## TRANSMITTAL LETTER

SUBJECT: ARTISAN WHALESALE BAKEAU, LLC (Name of Limited Liability Company)				
DOCUMENT NUMBER: LO300027940				
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
GIANKARIO TASAMI (Name of Person)				
ARTISAN WHNESALE BAKENY, LLC (Name of Firm/Company)				
159 NW   STRIKET (Address)				
DESERTE OF THE STATE (City/State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Person) at (561) 341-4300 (Area Code & Daytime Telephone Number)				
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.				

TO:

Amendment Section Division of Corporations

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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street Tallahassee, FL 32399

INHS17(11-02)

Mi Charge of Registered Agent

## 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.

2. The mailing address of the limited liability company is: 159 NW 1st St.  Deerfield, FL. 33441  30  30  103000027940  3. Date of filling/registration in Florida  5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:    Florida Department of State:   Elizabeth Brandon-Brown	1. The name of the limit	ed liability company is:	Artisan Wh	nolesale Bakery	, LLC
Deerfield, FL. 33441    300   30000027940     3. Date of filling/registration in Florida     4. Document number     5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:    Elizabeth Brandon-Brown					
3. Date of filing/registration in Florida  3. Date of filing/registration in Florida  4. Document number  5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:    Florida Department of State:   Name   Pool   Pool		•	. , _		
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:    Elizabeth Brandon-Brown				L03000027940	<i>-</i>
Florida Department of State:  Elizabeth Brandon-Brown  Name 900 N. Federal Highway, Suite 410  Address Boca Raton, FL 33432  City, State and Zip  6. The name and address of the new registered agent and/or office:  Giancarlo Jasbon  159 NW 1 Street  Florida street address (P.O. Box NOT acceptable)  Deerfield  FL 33441  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 or as otherwise provided in the articles of organization or the operating agreement of the funited liability company.  Gignature of a member or authorized representative of a member)  Gignature of whole of 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 aging I am figurality with the provisions of all statutes relative to the proper and complete performance of my duties aging a my figurality of the obligations of my position as registered agent as provided for in Chapter of the Company has been notified in writing of this change.  (Signature of Registered Agent)	3. Date of filing/registration in Florida		4. Document number		
Name  900 N. Federal Highway, Suite 410  Address Boca Raton, FL 33432  City, State and Zip  6. The name and address of the new registered agent and/or office:  Giancarlo Jasbon  159 NW 1 Street  Florida street address (P.O. Box NOT acceptable)  Deerfield  FL 33441  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 complay, it is hereby pontified 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 hunted liability company.  Giancarlo Jasbon  (Finated 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 an industry and agree to act in this capacity. I further agree to comply with the provisions of an industry and agree to the proper and complete performance of my duties, and I me figurity in the provisions of an industry and agree to the proper and complete performance of my duties, and I me figure agree to provided for in Chapter 608 of S.	5. The name of the register Florida Department of	State:		ddress as shown o	on the records of the
6. The name and address of the new registered agent and/or office:    Giancarlo Jasbon			Name	410	
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(Signature of Registered Agent)	` '.	/	<u> </u>	-	
<del>_</del> , , , , , , , , , , , , , , ,	/ 1000	intment as registered as is of all statutes relative a discount of all statutes relative ad accept the obligation this document is being full that the limited liability	gent and agree e to the proper s of my positic filed to merely y company ha	e to act in this ca r and complete pe on as registered a reflect a change is been notified in	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office i writing of this change.
	_	on of Cornorations P.	O. Rox 6327	Tallahaceaa FI	37314

**FILING FEE: \$25.00** 

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