

LO3000027940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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10/14 R/A change

LO3-27940

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03 OCT 16 PM 2:52
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARTISAN WHOLESALE BAKERY, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: LO3000027940

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:

GIANCARLO JASBON
(Name of Person)

ARTISAN WHOLESALE BAKERY, LLC
(Name of Firm/Company)

159 NW 1 STREET
(Address)

DEERFIELD, FL 33441
(City/State and Zip Code)

For further information concerning this matter, please call:

Giancarlo Jasbon at (561) 341-4300
(Name of Person) (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

Re: Change 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.

1. The name of the limited liability company is: Artisan Wholesale Bakery, LLC
2. The mailing address of the limited liability company is : 159 NW 1st St.
Deerfield, FL. 33441
- 30
7/03/03 L03000027940
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:

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
Name
159 NW 1 Street
Florida street address (P.O. Box NOT acceptable)
Deerfield FL 33441
City, State and Zip

FILED
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STATE
TALLAHASSEE FLORIDA

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.

Giancarlo Jasbon
(Signature of a member or authorized representative of a member)

Giancarlo Jasbon

(Printed or typed name of signer)

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. Of 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.

Giancarlo Jasbon
(Signature of Registered Agent)

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