

L04000031355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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04 AUG -5 AM 8:24

DEPT OF STATE
DIVISION OF CORPORATIONS

L08/05/04

DAVID L. GORMAN, P.A.
ATTORNEYS AT LAW

BAY POINTE BUILDING, SUITE 303
618 U.S. HIGHWAY ONE, NORTH PALM BEACH, FL 33408

TELE. (561) 842-0808

FAX (561) 842-0914

E-MAIL: DLGORMAN@BELLSOUTH.NET

DAVID L. GORMAN, ESQ.

June 22, 2004

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

04 AUG - 5 AM 8:24
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

Re: *Change of Registered Agent Office*

Dear Sir or Madam:

Enclosed herewith please find a Statement of Change of Registered Office or Registered Agent or Both for Corporation, together with the \$35.00 filing fee. I have included a stamped addressed envelope to mail confirmation of the change.

If you have any questions, please contact me at the above-telephone number.

Sincerely yours,



Cyndi Dyson
Secretary for David L. Gorman, Esq.

/cd
Enclosures



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 28, 2004

CYNDI DYSON
DAVID L. GORMAN, P.A.
618 U.S. HIGHWAY ONE, SUITE 303
NORTH PALM BEACH, FL 33408

SUBJECT: W P B HOSPITALITY, LLC
Ref. Number: L04000031355

04 JUN - 5 AM 8:24
DIVISION OF CORPORATIONS
STATE OF FLORIDA

We have received your document for W P B HOSPITALITY, 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):

The form you submitted is for a corporation, but your entity is a limited liability company. Please find enclosed the proper form for your entity.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 304A00042248

DAVID L. GORMAN, P.A.

ATTORNEYS AT LAW

BAY POINTE BUILDING, SUITE 303
618 U.S. HIGHWAY ONE, NORTH PALM BEACH, FL 33408

TELE. (561) 842-0808

FAX (561) 842-0914

E-MAIL: DLGORMAN@BELLSOUTH.NET

DAVID L. GORMAN, ESQ.

July 28, 2004

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

04 AUG - 5 AM 8:24
DIVISION OF CORPORATIONS

Re: WPB Hospitality LLC
Change of Registered Agent

Dear Sir or Madam:

Enclosed herewith please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company. On June 28, 2004, you advised that the form we previously submitted was incorrect as it related to a Statement of Change of Registered Office or Registered Agent or Both for a Corporation. You additionally advised that we should complete the proper form and provide a copy of your June 28, 2004 letter to us, which is enclosed, by no later than 60 days from June 28, 2004. Also, from your letter our firm has previously paid the filing fee of \$35.00, however, your form for the Limited Liability Company indicates the filing fee is actually \$25.00. Accordingly, please issue a refund in the amount of \$10.00 made payable to our firm, David L. Gorman, P.A., for the overpayment. I have included a self-address, stamped envelope for that purpose.

If you require anything further, please contact me at 561-842-0808.

Sincerely yours,



Cyndi Dyson

Secretary for David L. Gorman, Esq.

/cd
Enclosures

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: WPB Hospitality LLC.
2. The mailing address of the limited liability company is : 15423 E. Valley Blvd., Industry CA
91746

L04000031355

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:

Corporation Service Company

Name _____

1201 Hays Street

Address

Tallahassee, FL 32301

City, State and Zip

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

David L. Gorman, Esq.

Name

618 U.S. Highway One, Ste. 303

Florida street address (P.O. Box **NOT** acceptable)

North Palm Beach FL 33408

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)

Brad Keiller, Manager

(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 808, 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