

L04000050971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

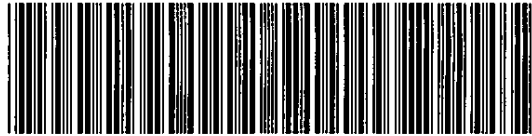
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. O. O'Brien

OCT 1 2 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Five Guys, 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:

Sean Bogle
Name of Person

Bogle Law Firm.
Firm/Company

706 Turnbull Aven. #203
Address

Altamonte Springs FL 32701
City/State and Zip Code

Sean@boglelawfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sean Bogle at (407) 834 3311
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2009

LAW OFFICES OF SEAN F. BOGLE, P.A.
101 SOUTH NEW YORK AVENUE
SUITE 205
WINTER PARK, FL 32789

SUBJECT: FIVE GUYS, LLC
Ref. Number: L04000050971

We have received your document for FIVE GUYS, 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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 309A00027948

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. Name of the limited liability company: Five Guys, LLC
2. (a) Principal office address of limited liability company: 6401 Carmel Road
☐ Suite 204
Charlotte NC 28226
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: Same
☐
(Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: 7-7-2004
4. Document number: L 040000
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: Sean F. Boyle, Esq.
Registered Office Address: 706 Turnbull Ave. #203
Altamonte Springs FL 32701
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: _____
NEW Registered Office Address: 101 South New York Avenue
(**MUST BE FLORIDA STREET ADDRESS**) Suite 205
Winter Park FL 32789

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.

Paul R. Walsh, Jr.
Signature of a member or authorized representative of a member
Paul R. Walsh, Jr.
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]
Signature of Registered Agent

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