

L040000073908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

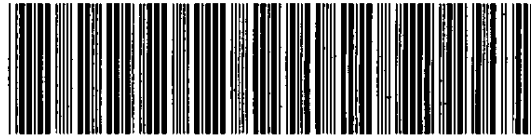
Special Instructions to Filing Officer:

L. SELLERS

AUG 19 2008

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



VASALLO & VASALLO, P.A.

12394 S.W. 82ND AVENUE
PINECREST, FL 33156
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Christopher D. Vasallo, Esq.*
Lelenia C. Vasallo, Esq.
Andrew H. Thompson, Esq.**
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*LLM in Taxation
**LLM in Estate Planning

Reply to:
ANDREW H. THOMPSON

August 11, 2008

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

RE: Change of Registered Agent

To Whom It May Concern:

Please find attached hereto a request to change the registered agent for S & S Family Enterprises Florida, LLC. Please file same and send a certified copy to the address listed above.

Also, please find enclosed a check in the amount of \$55.00 to file the change.

Should you require any additional information, please do not hesitate to contact me.

Best regards,

Andrew H. Thompson, Esq.

AHT/es
enclosures: aforementioned.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S & S FAMILY ENTERPRISES FLORIDA 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:

CHRISTOPHER D. VASALLO, ESQ.

(Name of Person)

VASALLO & VASALLO, PA

(Firm/Company)

12394 SW 82 AVENUE

(Address)

PINECREST, FL 33156

(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTOPHER D. VASALLO

(Name of Person)

at (305) 233-9066

(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. Name of the limited liability company: S & S FAMILY ENTERPRISES FLORIDA LLC +

2. (a) Principal office address of limited liability company: 6300 POWERS FERRY ROAD +
(Note: MUST BE STREET ADDRESS) 600-330 +
ATLANTA, GA 30339 +

(b) Mailing address of limited liability company: 6300 POWERS FERRY ROAD +
(Note: MAY BE POST OFFICE BOX) 600-330 +
ATLANTA, GA 30339 +

10/12/2004 +
3. Date of filing/registration in Florida

1.04000073908 +
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: TRESCOTT, DRUCKER & SCHOEN, PL

Registered Office Address: TRESCOTT, DRUCKER & SCHOEN, PL +
2605 PONCE DE LEON BLVD. +
CORAL GABLES, FL 33134 +

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: VASALLO & VASALLO PA +

NEW Registered Office Address: VASALLO & VASALLO PA +
(MUST BE FLORIDA STREET ADDRESS) 12394 SW 82 AVENUE +
PINECREST, FL 33156 +

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.

HAROUNA SOUMAH
(Signature of a member or authorized representative of a member)

HAROUNA SOUMAH
(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. 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.

HAROUNA SOUMAH
(Signature of Registered Agent)

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

FILED
AUG 18 AM 8:16
TALLAHASSEE FLORIDA