

L05000029086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

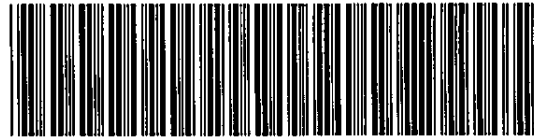
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/30/14--01038--028 **35.00

PAID
STATE FILING OFFICE
DIVISION OF CORPORATIONS
14 AUG 27 AM 9:50

C. LEWIS

Sept 4 2014

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 17, 2014

MELANIE E. HARMAN / NEW ENGLAND FISH MARKET
1419 NE JENSEN BEACH BLVD
JENSEN BEACH, FL 34957 US

SUBJECT: NEW ENGLAND RESTAURANT, LLC
Ref. Number: L05000029086

We have received your document for NEW ENGLAND RESTAURANT, 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 complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 714A00015362

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New England Restaurant 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:

Melanie E Harman
Name of Person

New England Restaurant LLC
Firm/Company

1419 NE Jensen Beach Blvd
Address

Jensen Beach FL 34957
City/State and Zip Code

mel@newenglandfish.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melanie E Harman at (772) 334-6666 Ext 4
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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: New England Restaurant LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

1419 NE Jensen Beach Blvd
Jensen Beach FL 34957

1419 NE Jensen Beach Blvd
Jensen Beach FL 34957

3. 3/23/05 4. LO5000029086
Date of filing/registration in Florida Document number

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

William Pembroke GC PD
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
8517 S US Highway #1
Port St Lucie, FL 34957

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

Robert S Kramer
NEW Registered Office Address:
2300 SE Monterey Rd Suite 100
Stuart, FL 34996

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.

John Wellman
Signature of a member or authorized representative of a member

JOHN MELUCHI
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 605, 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

14 AUG 27 AM 9:50
DIVISION OF CORPORATIONS
STATE OF FLORIDA