

205000038055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

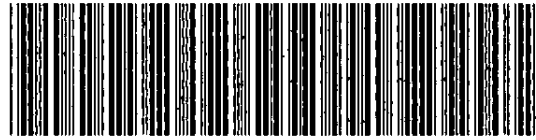
Special Instructions to Filing Officer:

A. LUNT

JUL - 9 2008

EXAMINER

Office Use Only



600132308386

07/07/08--01020--008 \*\*25.00

2008 JUL -7 P 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MANISCALCO ENTERPRISES, 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:

FRANK J. GRECO

(Name of Person)

FRANK J. GRECO PA.

(Firm/Company)

708 S. CHURCH AVENUE

(Address)

TAMPA, FLORIDA 33609

(City/State and Zip Code)

FILED  
2008 JUL -7 P 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

FRANK J. GRECO

(Name of Person)

at ( 813 ) 287-0550

(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: MANISCALCO ENTERPRISES, LLC
2. (a) Principal office address of limited liability company: 2810 W. ST. ISABEL ST.  
SUITE 201  
TAMPA, FL 33607  
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: SAME  
(Note: **MAY BE POST OFFICE BOX**)

4/19/2005  
3. Date of filing/registration in Florida

LO5000038053  
4. Document number

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

Registered Agent:

FRANK J. GRECO

Registered Office Address:

4047 HENDERSON BLVD.  
TAMPA, FL 33629

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

**NEW Registered Agent:**

FRANK J. GRECO

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

708 S. CHURCH AVE

TAMPA, FL 33609

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.

Anthony F. Maniscalco  
(Signature of a member or authorized representative of a member)

Anthony F. MANISCALCO  
(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.

[Signature]  
(Signature of Registered Agent)

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

FILING FEE: \$25.00