

L05000068211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

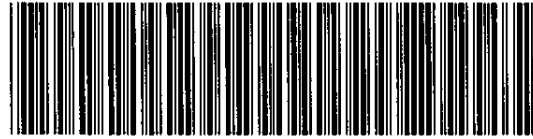
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11/15/12--01003--002 **25.00

FILED
12 NOV 15 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4252 SW 64th AVENUE
DAVIE, FLORIDA 33314

LAW OFFICES
STEVEN A. FEINMAN
EMAIL: SAFLAW@AOL.COM
COURT QUALIFIED ARBITRATOR
FORMER COUNTY COURT TRAFFIC MAGISTRATE
GUARDIAN AD LITEM SERVICES

TELEPHONE (954) 473-5424
FACSIMILE (954) 473-5486

November 13, 2012

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Happy Hour LLC

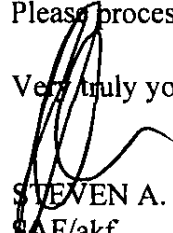
Dear Sirs:

Enclosed please find the following:

1. Cover Letter and Resignation from LLC with \$25.00 Check
2. Cover Letter and Change of Registered Agent address with \$25.00 Check
3. Application for Registration of Fictitious Name with Check for \$80.00 for Processing Fee and Certified Copy.

Please process the same and return the docketed documents to my attention.

Very truly yours,


STEVEN A. FEINMAN, ESQ.
SAF/akf
Encl.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Happy Hour, 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:

Steven A. Feinman, Esq

Name of Person

Law Office of Steven A. Feinman

Firm/Company

4252 SW 64th Ave

Address

Davie, FLorida 33314

City/State and Zip Code

Krisfrog21@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven A. Feinman

Name of Person

at (954) 473-5424

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: Happy Hour LLC

2. (a) Principal office address of limited liability company: 8580 State Road 84
Davie, Florida 33324
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 8580 State Road 84
Davie, Florida 33324
(Note: MAY BE POST OFFICE BOX)

07/11/2005

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3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Steven A. Feinman, Esq

Registered Office Address:

8530 State Road 84
Davie, Florida 33324

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

NEW Registered Agent:

Steven A. Feinman, Esq

NEW Registered Office Address:

4252 SW 64th Ave

(MUST BE FLORIDA STREET ADDRESS)

Davie, FL 33314

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.

Kristine Braundstein, mgp
Signature of a member or authorized representative of a member

KRISTINE BRAUNSTEIN
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