## L06000029933

(R	equestor's Name)	·
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Na	me)
(De	ocument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200135053242

09/08/08--01014--024 \*\*25.00

OR SEP -8 PM 1: 43

J. BRYAN

SEP - 9 2008

**EXAMINER** 

## **COVER LETTER**

Division of Corporations		
SUBJECT: GRAND CAFE OF BO		_ 0
(Name	e 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 concernin	g this matter to the following:	
SHAWN ROBINSON	<del></del>	_ =
(Name of Person)		S 80 A SEC
	•	节翳
GRAND CAFE OF BONITA SPRINGS, LLC		- 00 CFA
(Firm/Company)		2 000
		NISION OF CORPORATIONS ON SEP -8 PH 1: 43
3363 NE 163RD ST SUITE 707		# O
(Address)		<b>5</b>
NORTH MIAMI DE ACUI EL 22460		
NORTH MIAMI BEACH, FL 33160 (City/State and Zip Code)		
For further information concerning this ma	tter, please call:	
SHAWN ROBINSON	at ( 786 ) 207-7875	
(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 follow	ing amount:	
<b>☑</b> \$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: GRAND CA	AFE OF BONITA SPRINGS, LLC
2. (a) Principal office address of limited liability compar ( <i>Note: MUST BE STREET ADDRESS</i> )	ny: 3363 NE 163RD ST SUITE 707  NORTH MIAMI BEACH, FL 33160
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3363 NE 163RD ST SUITE 707 NORTH MIAMI BEACH, FL 33160
03/21/2006	L06000029933
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:	EDUARDO NAMNUM
Registered Office Address:	3363 NE 163RD ST SUITE 707 NORTH MIAMI BEACH, FL 33160
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	CW Registered Office address:  SHAWN ROBINSON
NEW Registered Office Address:	3363 NE 163RD ST SUITE 707
(MUST BE FLORIDA STREET ADDRESS)	NORTH MIAMI BEACH ■ ,FL 33160
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.  (Signature of a member or authorized representative of a member)	e laws of the State of Florida, it is hereby confirmed the tet address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited
COLLABOO MANANI IN	
EDUARDO NAMNUM (Printed or typed name of signee)	<del>_</del>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the part amiliar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified.	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I n as registered agent as provided for in Chapter 608, change in the registered office address, I hereby a in writing of this change.

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