

LD6000059010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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EXAMINER



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SECRETARY OF STATE
DIVISION OF CORPORATION
08 AUG 18 PM 12:02

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Bungalow Bistro of Seminole Heights LLC
(Name of Corporation)

DOCUMENT NUMBER: L06000059010

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael E. Graham, Sr.
(Name of Contact Person)

The Bungalow Bistro of Seminole Heights LLC
(Firm/Company)

5137 N. Florida Avenue
(Address)

Tampa, FL 33603
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael E. Graham, Sr. at (813) 231-3378
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: The Bungalow Bistro of Seminole Heights LLC

2. (a) Principal office address of limited liability company: 5137 N. Florida Avenue
(Note: **MUST BE STREET ADDRESS**) Tampa, FL 33603

(b) Mailing address of limited liability company: 5002 Puritan Road
(Note: **MAY BE POST OFFICE BOX**) Tampa, FL 33617

6/5/2006 L06000059010
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: Elizabeth M. Wysocki-Graham

Registered Office Address: 5137 N. Florida Avenue
Tampa, FL 33603

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

NEW Registered Agent: Michael E. Graham, Sr.

NEW Registered Office Address: 5137 N. Florida Avenue
(**MUST BE FLORIDA STREET ADDRESS**) Tampa, FL 33603

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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.

Michael E. Graham
(Signature of a member or authorized representative of a member)

Michael E. Graham
(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.

Michael E. Graham
(Signature of Registered Agent)

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