

# L06000062355

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0380

From:

Account Name : THE FLORIDA COMPANY  
Account Number : I20060000001  
Phone : (608) 827-5300  
Fax Number : (608) 824-0405

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**REGISTERED AGENT CHANGE**

**ANTICA ITALIA LLC**

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Electronic Filing Menu

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Help

H06000263855 3

**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. The name of the limited liability company is: ANTICA ITALIA LLC
2. The mailing address of the limited liability company is : 18624 SW 94TH AVE MIAMI FL 33157

3. Date of filing/registration in Florida 6/16/2006
4. Document number L06000062355

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

THE FLORIDA INCORPORATING COMPANY  
Name  
1203 GOVERNORS SQUARE, STE. 101  
Address  
TALLAHASSEE, FL 32301  
City, State and Zip

6. The name and address of the new registered agent and/or office:

Business Filings Incorporated  
Name  
1203 Governors Square, Ste. 101  
Florida street address (P.O. Box NOT acceptable)  
Tallahassee FL 32301  
City, State and Zip

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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.

[Signature]  
 (Signature of a member or authorized representative of a member)

EUETTE DISCH  
 (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)

Business Filings Incorporated, Mark Schaff, AUP  
 Division of Corporations, P.O. Box 8327, Tallahassee, FL 32314