

LOL0000 89548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

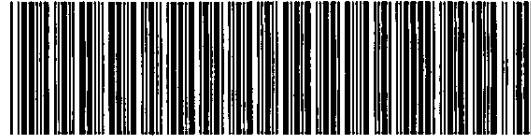
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200279124252

11/16/15--01038--006 **50.00

FILED
15 NOV 16 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 17 2015

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Maxine Restaurant 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:

Joshua M. Entin, Esq

Name of Person

Entin & della Fera, P.A.

Firm/Company

633 S. Andrew Ave. Suite 500

Address

Ft. Lauderdale, FL 33301

City/State and Zip Code

raul.frontal@southbeachgroup.com

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

For further information concerning this matter, please call:

Raul Frontal

at (305)

609-6700

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 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 605.0114 or 605.0116, 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: Maxine Restaurant LLC

2. (a) 1756 Collins Ave (b) 808 Collins Ave

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Miami Beach, FL 33139

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Attn. Raul Frontal

Miami Beach, FL 33139

09/12/2006

L06000089548

3. Date of filing/registration in Florida

4. Document number

5. (a) Entin, Joshua M. Esq

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

110 S.E. 6th Street

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Suite 1970

Ft. Lauderdale, FL 33301

(b) Entin, Joshua M. Esq

Enter name of NEW Registered Agent and/or NEW Registered Office address:

633 S. Andrews Ave.

NEW Registered Office Address:

Suite 500

Ft. Lauderdale, FL 33301

FILED
15 NOV 16 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Alan Lieberman

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 605, 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