

LD7000027914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

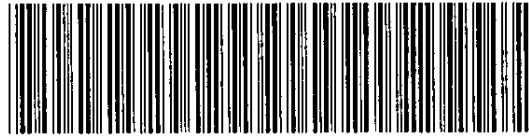
(Business Entity Name)

(Document Number)

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T. CLINE

OCT 26 2010

EXAMINER

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10 OCT 25 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
10 OCT 19 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 20, 2010

GENEVA HOSPITALITY OF KISSIMMEE, LLC  
418 CIRCLE DRIVE  
LAKE GENEVA, WI 53147

SUBJECT: GENEVA HOSPITALITY OF KISSIMMEE, LLC  
Ref. Number: L07000027914

Our records indicate the registered agent for the above named limited liability company resigned on September 13, 2010 and that the limited liability company currently does not have a registered agent designated.

Chapter 608, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a limited liability company for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named limited liability company 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). **Each one of these filings must be submitted with the appropriate filing fee.**

If you should need any further information, please contact our office at (850) 245-6050.

Carol Mustain  
Regulatory Specialist II  
Division of Corporations

Letter Number: 110A00022298

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10 OCT 25 PM 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Coenewu Hospitality of Kissimmee

2. (a) Principal office address of limited liability company:

☐

(Note: **MUST BE STREET ADDRESS**)

Salvatore Sardine, LLC  
418 Circle Dr. Lake Coenewu

(b) Mailing address of limited liability company:

☐

(Note: **MAY BE POST OFFICE BOX**)

Coenewu Hospitality of Kissimmee  
326 Center St. Lake Coenewu  
WI 53141

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:

Registered Office Address:

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10 OCT 25 PM 12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

NEW Registered Agent:

Charles Webster

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

3000 Bonfire Beach Dr.  
Kissimmee, FL 34746

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.

Charles Webster  
Signature of a member or authorized representative of a member

Charles Webster  
Printed or typed name of signer

*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.*

Charles Webster  
Signature of Registered Agent

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