

LOT 0000 53420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2012 FEB - 6 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

FEB - 7 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 18, 2012

CARA ALLEN
7512 DR. PHILLIPS BLVD., STE 50-518
ORLANDO, FL 32819

SUBJECT: WOOF GANG BAKERY, LLC
Ref. Number: L07000053420

We have received your document for WOOF GANG BAKERY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 812A00001205

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Woof Gang Bakery 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:

CARA Allen
Name of Person

Woof Gang Bakery, LLC
Firm/Company

7512 Dr Phillips Blvd #50-518
Address

ORlando FL 32819
City/State and Zip Code

Carasemail@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cara Allen at (407) 227-2338
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

INHS18 (5/08)

* \$35 check submitted - in your pending file. Please refund \$10.00 to Cara Allen at appropriate address

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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: Wood Gary Bakery, LLC
2. (a) Principal office address of limited liability company: 7512 Dr Phillips Blvd #50-518
Orlando FL 32819
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: (same as above)
(Note: **MAY BE POST OFFICE BOX**)

2-2-12
3. Date of filing/registration in Florida

LO7000053420
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Salvatore A. Palmeri

Registered Office Address:

9823 Tapestry Park Circle
Suite 201
Jacksonville FL 32246

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

NEW Registered Agent:

Paul Allen

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

7512 Dr. Phillips Blvd
Ste 50-518
Orlando FL 32819

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.

Cara Allen
Signature of a member or authorized representative of a member

CARA Allen
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, whereby confirm that the limited liability company has been notified in writing of this change.

Paul Allen
Signature of Registered Agent

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