L07000088750

(Requestor's Name)
(Address)
•
(Address)
(riddless)
•
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
L07-88750
(Document Number)
Certified Copies Certificates of Status
Consider the American As Filling Officers
Special Instructions to Filing Officer:
i

Office Use Only



400109801064

09/27/07--01010--015 **25.00

FILED

07 OCT -8 PM 1:59

SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Cafe Gorai ya 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:
Lalyta Ba.K.Sh (Name of Person)
Cafe Soraiya, LLC (Firm/Company)
13212 Swan Sea Avenue
Windermere, Florida 34786 (City/State and Zip Code)
For further information concerning this matter, please call:
Lalyta Baksh at (407) 575-3501 (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 \$\bigcup \square \square \square \text{S55 Filing Fee & Certified Conv}



September 28, 2007

LALYTA BAKSH 13212 SWAN SEA AVENUE WINDERMERE, FL 34786

SUBJECT: CAFE SORAIYA, LLC Ref. Number: L07000088750

We have received your document for CAFE SORAIYA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current Registered Agent listed on the document does not match our records.

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) 245-6067.

Letter Number: 807A00057063

Neysa Culligan Document Specialist

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: Cafe Sorai 49, LL	_C
2. The mailing address of the limited liability company is: \\\\32\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Sea Avenue
and the second s	<u>Scot i veli</u> be
Windermere, F1. 34786	·
August 29, 2007 L070000	%750
3. Date of filing/registration in Florida 4. Document number	
5. The name of the registered agent and the registered office address as shown on the recipionida Department of State:	
Hendry, Stoner Calandrino & Brown	, P. A.
20 N. Orange Avenue, Suite 600 Address	
Orlando Florida 32801 City, State and Zip	
6. The name and address of the new registered agent and/or office:	SE 07
Name 13212 Swan Seg Avenue Florida street address (P.O. Box NOT acceptable) Winder mere FL 34786 City, State and Zip	FILED OCT -8 PH 2: 00 CRETANY OF STATE LAHASSEE, FLORIDA
If the limited liability company is not organized under the laws of the State of Florida, it confirmed that after the change or changes are made, the Florida street address of the reg and the business office of the registered agent will be identical. Or, in the case of a Flori liability company, it is hereby confirmed that the change(s) was/were authorized by an at of the members of the limited liability company or as otherwise provided in the articles or the operating agreement of the limited liability company.	is hereby istered office da limited ffirmative vote of organization
(Signature of a member or authorized representative of a member)	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the proper and complete performant and I am familiar with and accept the obligations of my position as registered agent as p Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the readdress, I hereby confirm that the limited liability company has been notified in writing of	further agree to ce of my duties, provided for in gistered office of this change.

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

Registered Agent