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EXAMINER



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SECRETARY OF STATE

COVER LETTER

	Registration Section Division of Corporations			
SUBJECT: Manatee Coffee LLC Name of Limited Liability Company				
	Name of Li	inited L	лаоппу Сопрапу	
Dear Sir	or Madam:			
The enc	losed Registered Agent/Registered Of	fice Cha	nange and fee(s) are submitted for filing	g.
Please re	eturn all correspondence concerning th	nis matte	ter to the following:	
	John P Nachef			
	Name of Person			
	Manatee Coffee LLC Firm/Company	<u>-</u>		
	1083 N. Collier Blvd Suite 302		·	
	Marco Island FL 34145 City/State and Zip Code			
E-ma	inachef@1integrity.com	ification)	····	
For furth	ner information concerning this matter	, please	e call:	
	John P Nachef	at (2	239) 272-4927	
	Name of Person	\	Area Code & Daytime Telephone Number	
R D C 2	Registration Section Division of Corporations Clifton Building 1661 Executive Center Circle Callahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
E	Enclosed is a check for the following	amoun	nt:	
✓	\$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 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.

Name of the limited liability company:	Manatee Coffee LLC		
2. (a) Principal office address of limited liability company	: 1083 N. Collier Blvd Suite 302		
(Note: MUST BE STREET ADDRESS)	Marco Island FL 34145		
(b) Mailing address of limited liability company:	1083 N. Collier Blvd Suite 302		
(Note: MAY BE POST OFFICE BOX)	Marco Island FL 34145		
01/03/2008	L0800000976		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:		
Registered Agent:	John P Nachef		
Registered Office Address:	1083 N. Collier Blvd. Suite 302		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	Marco Island FL 34145 V Registered Office address 1083 N. Collier Blvd. Suite 3000 Marco Island DEF,FL 34145		
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 of a member or authorized representative of a member John P Nachef Printed or typed name of signee			
I hereby accept the appointment as registered agent and as comply with the provisions of all statules relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address. I hereby confirm that the limited liability company	per and complete performance of my duties, iition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change		

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

Signature of Registered