

L080000066266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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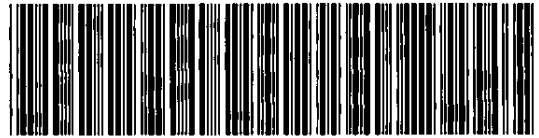
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OCT 29 2009

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09 OCT 27 AM 8:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOAUE RETAIL GROUP, 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:

MICHAEL SOAUE
Name of Person

SOAUE RETAIL GROUP, LLC
Firm/Company

777 CORAL DR
Address

CAPE CORAL, FL 33904
City/State and Zip Code

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

MAILING ADDRESS:

33611 PLYMOUTH RD
LIVONIA MI 48150

PAID
8966
10-16-09

For further information concerning this matter, please call:

MICHAEL SOAUE at (734) 261-1835
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 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: SOAVE RETAIL GROUP, LLC

2. (a) Principal office address of limited liability company: 777 CORAL DRIVE
☐ (Note: **MUST BE STREET ADDRESS**) CAPE CORAL, FL

(b) Mailing address of limited liability company: 33611 PLYMOUTH RD
☐ (Note: **MAY BE POST OFFICE BOX**) LIVONIA MI 48150

03/19/09.

3. Date of filing/registration in Florida

L 08000066266

4. Document number

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

Registered Agent: NRAI Services, Inc

Registered Office Address: 2731 Executive Park Dr. Ste 4
WESTON, FL 33331 US

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

NEW Registered Agent: MICHAEL SOAVE

NEW Registered Office Address: 777 CORAL DR.
(MUST BE FLORIDA STREET ADDRESS) CAPE CORAL, FL
FL 33904

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.

X
 Signature of a member or authorized representative of a member

MICHAEL SOAVE
 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.

X
 Signature of Registered Agent MICHAEL SOAVE

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

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 OCT 27 AM 8:4
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA