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(Requestor's Name)		
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(City/State/Zip/Phone #)		
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	IL.	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Special instructions to Philing Officer.		

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EXAMINE

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: <u>Anthony's Coal Fired Pizza of Millenia Crossing LLC</u> Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stormy Gonzalez Name of Person

•

Omni Wealth Advisors Firm/Company

5401 W. Kennedy Blvd Suite 530 Address

> Tampa FL 33609 City/State and Zip Code

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

For further information concerning this matter, please call:

 Stormy Gonzalez
 at (_____813__)
 281-0028

 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:



\$55 Filing Fee & Certified Copy

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•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: <u>Anthony's Coal Fired Pizza of Millenia LLC</u>		
2. (a) Principal office address of limited liability company	1616 Culbreath Isles Drive	
(<u>Note: MUST BE STREET ADDRESS</u>)	Tampa FI 33629	
(b) Mailing address of limited liability company:	1616 Culbreath Isles Drive	
-L (<u>Note; MAY BE POST OFFICE BOX</u>)	Tampa FL 33629	
October 17 , 2008	L08000098187	
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:	Benjamin Novello	
Registered Office Address:	1616 Culbreath Isles Drive on Tampa FL 33629 on	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u>		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1660 N.W. 19th Avenue	
	Pompano Beach ,FL33069	
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.		
Benjamin Novello Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro- and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if the docament is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y 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 Agent

; **)**

a.