

W08 000 115589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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T. CLINE

NOV 17 2009

EXAMINER

W08-115589

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Anthony's Coal Fired Pizza of Brandon 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:

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

Name of Person

at ( 813 )

281-0028

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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: Anthony's Coal Fired Pizza of Brandon LLC

2. (a) Principal office address of limited liability company: 1616 Culbreath Isles Drive

☐ (Note: **MUST BE STREET ADDRESS**) Tampa FL 33629

(b) Mailing address of limited liability company: 1616 Culbreath Isles Drive

☐ (Note: **MAY BE POST OFFICE BOX**) Tampa FL 33629

December 19, 2008

3. Date of filing/registration in Florida

L0800011589

4. Document number

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

Registered Agent: Benjamin Novello

Registered Office Address: 1616 Culbreath Isles Drive  
Tampa FL 33629

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

**NEW Registered Agent:** \_\_\_\_\_

**NEW Registered Office Address:** 1660 N.W. 19th Avenue

**(MUST BE FLORIDA STREET ADDRESS)** Pompano Beach, FL 33069

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

Benjamin Novello

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.*

Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**