

LD9000031097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**L. SELLERS**

DEC 10 2009

**EXAMINER**

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11/16/09--01045--008 \*\*25.00

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09 DEC -9 PM 8:14  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**GORDON • FEINBLATT**  
ROTHMAN, HOFFBERGER & HOLLANDER, LLC

**LISA B. MOHAN**  
LEGAL ASSISTANT  
410.576.4146  
FAX 410.576.4032  
lmohan@gflaw.com

ATTORNEYS AT LAW  
233 EAST REDWOOD STREET  
BALTIMORE, MARYLAND  
21202-3332  
410.576.4000  
www.gflaw.com

November 6, 2009

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

Re: The Pete Store, LLC

Dear Sir/Madam:

Please file the enclosed Registered Agent/Registered Office Change on behalf of the above-referenced entity. A check in the amount of \$25.00 is enclosed to cover the filing fee.

Please return the acknowledgment to me at your earliest convenience.

Thank you for your assistance in this matter.

Very truly yours,



Lisa B. Mohan  
Legal Assistant

Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Pete Store, 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:

Lisa B. Mohan, Legal Assistant

Name of Person

Gordon, Feinblatt, Rothman, Hoffberger & Hollander

Firm/Company

233 East Redwood Street

Address

Baltimore, MD 21202

City/State and Zip Code

lca@thepetestore.com

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

For further information concerning this matter, please call:

Lisa B. Mohan, Legal Assistant

Name of Person

at ( 410 )

576-4146

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 17, 2009

LISA B. MOHAN  
233 E. REDWOOD STREET  
BALTIMORE, MD 21202-3332

SUBJECT: THE PETE STORE, LLC  
Ref. Number: L09000031097

We have received your document for THE PETE STORE, 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 registered agent must sign accepting the designation.

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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 709A00035819

**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: The Pete Store, LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

☒ (Note: **MUST BE STREET ADDRESS**) 582 Palm Way  
Gulf Stream, FL 33483

(b) Mailing address of limited liability company: \_\_\_\_\_

☒ (Note: **MAY BE POST OFFICE BOX**) 582 Palm Way  
Gulf Stream, FL 33483

03/30/09

L09000031097

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: John C. Arscott

Registered Office Address: 2687 N. Ocean Blvd, Apt G-602  
Boca Raton, FL 33431

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

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

**NEW Registered Office Address:** 582 Palm Way  
**(MUST BE FLORIDA STREET ADDRESS)** Gulf Stream, FL 33483

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 C. Arscott, Member

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

FILED  
9 DEC -9 PM 8:30  
TALLAHASSEE, FL