## 109000/20888

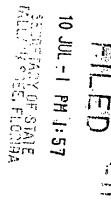
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D. BRUCE

JUL 0 2 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Emilio's Panini Grill, LLC (Name of Limited Liability Company)				
The enclosed member, managing member or manager filing.	resignation and fee(s) are submitted	for		
Please return all correspondence concerning this matte	r to:			
Ana Arbaiza (Contact Person)				
(Firm/Company)		· =		
1265 Ashland ave SE		JUL - 1		
Palm Bay FL 32909 (City/State and Zip Code)		PH 1:5	T	
For further information concerning this matter, please of	call: المادة ال			
Ona Orbaiza at (32 (Name of Contact Person) at (Area C	Code & Daytime Telephone Number)			
Enclosed please and a check made payable to the Flori \$25 Filing Fee	da Department of State for: \$55 Filing Fee & Certified Copy			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Tallahassee, Florida 32301				

CR2E079 (5/06)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	08, Florida Statutes, the undersigned limited er to change its registered office or registered
1. Name of the limited liability company: Fmi Lio's	VANINI GRILL LLC
2. (a) Principal office address of limited liability company	
(Note: MUST BE STREET ADDRESS)	1650 Robert J. Conlan Blud NE Palm Bay, Fr. 32905
(b) Mailing address of limited liability company:	<del> </del>
(Note: MAY BE POST OFFICE BOX)	2841 Detached Cir SE Palmu Bay, FL 32909
DEC 21, 2009  3. Date of filing/registration in Florida	<u>L 09 000120 88 8</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	William Arbaiza
Registered Office Address:	2841 Detached Cir SE Palm Bay, FL 32909
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW</u> Registered Agent:	N Registered Office address:  ANA R. Arbaiza
<u><b>NEW</b></u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1265 Ashland Ave SF PALM BDY ,FL 32909
If the limited liability company is not organized under the lonfirmed that after the change or changes are made, the Fland the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company  Signature of a member or achorized representative of a member  RBAIZA  Printed or typed name of signee	orida street address of the registered office ical. Or, in the case of a Florida lingue of the was/were authorized by an affirmative vote wise provided in the articles of organization
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the promate Tam familiar with and accept the obligations of my po. Chapter 508, F.S. Or, if this document is being filed to men address, Theraby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.
Division of Corporations, P.O. Box 632	27, Tallahassee, FL 32314

**FILING FEE: \$25.00**