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PICK-UP	WAIT MAIL			
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(Business Entity Name)			
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Certified Copies	Certificates of Status			
Special Instructions	to Filing Officer:			
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Office Use Only

G. MCLEOD

JUL 28 2010

EXAMINER



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10 JUL 27 PM 1:58

COVER LETTER

TO: Registration Section Division of Corporations	en e		
SUBJECT:	Al Cicchese LLC		
Name o	f 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			
Al Cicchese			
Name of Person			
Al Cicchese LLC			
Firm/Company			
•	•		
309 SE Osceola St. #10	· , 5		
Address			
Stuart, FL 34994			
City/State and Zip Code	· · ·		
al@florida-commercial.ne	<u>et</u>		
E-mail address: (to be used for future annual report	t notification)		
For further information concerning this ma	atter, please call:		
Al Cicchese	770 \ 700 2646		
Name of Person	at (772) 223-3646 Area Code & Daytime Telephone Number		
, tanto 01 1 51361	The Colo & Day will I complete wallest		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301	*		
Enclosed is a check for the follow	ing 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:	Al Cicchese LL	_C	
2. (a) Principal office address of limited liability compan	y: 309 SE 0	309 SE Osceola St. #105	
(Note: MUST BE STREET ADDRESS)	Stuart, FL 34994		
(b) Mailing address of limited liability company:	309 SE Osce	ola St. #105	
(Note: MAY BE POST OFFICE BOX)	Stuart, FL. 34994		
July 14, 2010	L100000	074185	
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florid	la Dept. of State:	
Registered Agent:	Florida Commercial	Enterprises LLC	
Registered Office Address:	309 SE Osceola St. Stuart, FL 34994	#105 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office ad		
NEW Registered Agent:	Al Cicchese	:5	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	309 SE Osceola St. #105		
	Stuart	,FL <u>34994</u>	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden 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 authorized representative of a member	lorida street address of t tical. Or, in the case of a was/were authorized b rwise provided in the art	the registered office a Florida limited y an affirmative vote	
Al Cicchese, Managing-Member Printed or typed name of signee	<u>-</u>		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the provisions of all statutes relative to the property and I am familiar with and accept the obligations of my per Chapter 608. F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability comparate	agree to act in this capac oper and complete perfa sition as registered age erely reflect a change in sy has been notified in wi	city. I further agree to ormance of my duties, nt as provided for in the registered office riting of this change.	
Signature of Registered Agent			

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