

L10000118283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

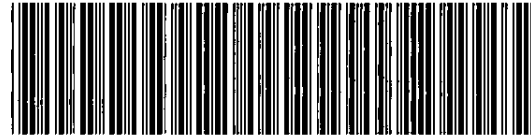
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900210324889

08/02/11--01016--001 **25.00

FILED
11 AUG 11 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 11 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2011

JERRY MARTINHO FERNANDES
3226 BELLERICAY LANE
LAND O' LAKES, FL 34638

SUBJECT: 5THELEMENT INDIAN CUISINE LLC
Ref. Number: L10000118283

We have received your document for 5THELEMENT INDIAN CUISINE 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 attached form must be completed in order to file the document.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 211A00018134

FILED
11 AUG 11 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2011

JERRY MARTINHO FERNANDES
3226 BELLERICAY LANE
LAND O' LAKES, FL 34638

SUBJECT: 5THELEMENT INDIAN CUISINE LLC
Ref. Number: L10000118283

We have received your document for 5THELEMENT INDIAN CUISINE LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 111A00017600

FILED
11 AUG 11 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

From,
5th Element Indian Cuisine LLC
Document Number: L10000118283
3226 Bellericay Lane,
Land O Lakes, FL 34638.

To
Department of State Registration Sections,
Division of Corporation,
POBOX 6327
Tallahassee, FL 32314,

Sub: Change of owner ship and Update New EIN Number

**Please Update new EIN number is 32-0348438 for the business name 5th element
Indian Cuisine LLC Document number: L10000118283 and also update Register
Agent name which my name is**

Jerry Martinho Fernandes

Jerry Martinho Fernandes
Sincerely

**Jerry Martinho Fernandes
Member Manager
Register Agent**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5TH ELEMENT INDIAN CUISINE 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:

JERRY MARTINHO FERNANDES
Name of Person

5TH ELEMENT INDIAN CUISINE LLC
Firm/Company

3226 BELLERIKAY LANE
Address

LAND O' LAKES FL. 3 4638
City/State and Zip Code

JJFERNS_76 @YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JERRY FERNANDES at (727) 410 6459
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:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED
11 AUG 11 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: 5TH ELEMENT INDIAN CUISINE LLC

2. (a) Principal office address of limited liability company: 3780 TAMPARD, # D 2,
OLDSMAR, FL 34677
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 3226 BELLERICAY LANE
LAND O' LAKES FL. 34638
(Note: **MAY BE POST OFFICE BOX**)

11-15-2010

L10000118283

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:

VAJITASUBASH CHANDRABOSE

Registered Office Address:

3226 BELLERICAY LANE
LAND O' LAKES FL.
34638

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

NEW Registered Agent:

JERRY MARTINHO FERNANDES

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

3226 BELLERICAY LANE
LAND O' LAKES
FL 34638

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.

Jerry Martinho Fernandes
Signature of member or authorized representative of a member

JERRY MARTINHO FERNANDES
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.

Jerry Martinho Fernandes
Signature of Registered Agent

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

FILED
JUL 11 PM 2:50
TALLAHASSEE, FLORIDA