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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

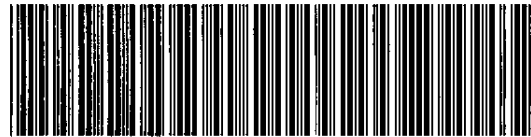
(Business Entity Name)

(Document Number)

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NOV 16 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 1, 2011

DOMINICK MINIACI
1411 SW 31 AVE
POMPANO BEACH, FL 33069

SUBJECT: CULINARY VENTURES VENDING OF SF, LLC
Ref. Number: L11000025047

We have received your document for CULINARY VENTURES VENDING OF SF, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days; your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 311A00024819

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CULINARY VENTURES VENDING OF SF, 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:

DOMINICK F. MINIACI, ESQ.

Name of Person

DOMINICK F. MINIACI, P.A.

Firm/Company

821 E. BROWARD BOULEVARD

Address

FORT LAUDERDALE, FLORIDA 33301

City/State and Zip Code

dminiaci@bellsouth.net

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

For further information concerning this matter, please call:

DOMINICK F. MINIACI, ESQ.

Name of Person

at (954)

463-8200

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

2011 NOV 15 AM 11:06
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: CULINARY VENTURES VENDING OF SF LLC

2. (a) Principal office address of limited liability company: 1411 SW 31 AVE
POMPAÑO BEACH, FL 33069

(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: same as above

(Note: **MAY BE POST OFFICE BOX**)

02-28-11
3. Date of filing/registration in Florida

L11000025047
4. Document number

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

Registered Office Address: 1203 GOVERNOR'S SQUARE BLVD
STE 101
TALLAHASSEE, FL 32301

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

NEW Registered Agent: DOMINICK F. MINIACI

NEW Registered Office Address: 821 E. BROWARD BLVD
(MUST BE FLORIDA STREET ADDRESS) FT LAUDERDALE, FL 33301

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

JEFFREY S. PASSMAN

MANAGING MEMBER

Printed or typed name of signee

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

DOMINICK F. MINIACI

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

FILING FEE: \$25.00