

L110000028779 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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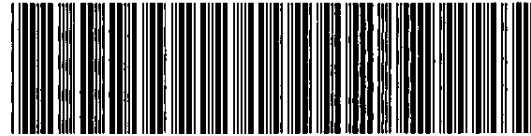
(Business Entity Name)

(Document Number)

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12 JAN 12 PM 2:45  
STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

JAN 13 2012

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MCC RESTAURANT GROUP 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:

BECKY DILLER

Name of Person

QUARLES & BRADY LLP

Firm/Company

411 E WISCONSIN AVE STE 2040

Address

MILWAUKEE WI 53202

City/State and Zip Code

CAROLMACONI@YAHOO.COM

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

For further information concerning this matter, please call:

BECKY DILLER

Name of Person

at ( 414 )

277-5541

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

12 JAN 12 PM 2:45  
SECRET  
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: MCC RESTAURANT GROUP LLC

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

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

1258 AIRPORT PULLING ROAD NORTH  
NAPLES FL 34104-6115

(b) Mailing address of limited liability company: SAME

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

03/08/2011

L11000028779

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: NAPLES LAWDOCK-INC.

Registered Office Address: 1395 PANTHER LANE  
SUITE 300  
NAPLES FL 34109

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

**NEW Registered Agent:** CAROL MACONI

**NEW Registered Office Address:**  
**(MUST BE FLORIDA STREET ADDRESS)** 2063 MORNING SUN LANE  
NAPLES, FL 34119

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.

Carol Maconi  
Signature of a member of authorized representative of a member

CAROL MACONI, VICE PRESIDENT

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.*

Carol Maconi  
Signature of Registered Agent, CAROL MACONI

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