L11000035189

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SECRETARY OF STATE ALLAHASSEE.FLORIDA

C. LEWIS

OCT 1 4 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
	CUBANA CAFE LLC nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Victor Carvajal	
Name of Person	·
Casa Cubana Cafe LLC Firm/Company	
1200 Lee Road Address	
Orlando, Florida 32810 City/State and Zip Code	
E-mail address: (to be used for future annual report not	
For further information concerning this matter	, please can:
	at (407) 297-8003
Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Area Code & Daytime Telephone Number 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

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:	Casa Cubana Caf	e LLC	
2. (a) Principal office address of limited liability compar	ny: <u>120</u>	y: 1200 Lee Road	
(Note: MUST BE STREET ADDRESS)	Orlando, Florida 328	810	
(b) Mailing address of limited liability company:	1200 Lee Ro	ad	
(Note: MAY BE POST OFFICE BOX)	Orlando, Florida 32	810	
March 23, 2011	L11000035189		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown or	n the records of the Florid	da Dept. of State:	
Registered Agent:	Edwin Garcia	7ALI	
Registered Office Address:	1527 Cedar Lake Do Orlando, Florida 328	rive → S S Th	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent:	EW Registered Office a Victor Carvajal	I: 0	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 Lee Road	→	
	Orlando	,FL <u>32810</u>	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee	Florida street address of ntical. Or, in the case of (s) was/were authorized by	the registered office a Florida limited by an affirmative vote	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my I Chapter 608, F.S. Or, if this document is being filed to a address. I hereby confirm that the limited liability compa	agree to act in this capa proper and complete perf position as registered age perely reflect a change in any has been notified in w	city. I further agree to ormance of my duties, ent as provided for in the registered office oriting of this change.	

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