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N. Guilligan MAR 2 6 2012

COVER LETTER

TO: Registration Section Division of Corporations

IL Tesoreo Ristorante and Bar LLC. SUBJECT: Name of Limited Liability Company

Dear Sir or Madam:

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The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

A.J Black. Name of Person ILTESOR RISTORANTE and BARLAC Firm/Company 751 Tappon Bay Rd. Address Sanibel FLORIDA 33957 City/State and Zip Code i tesoro Ome, com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JBlack at (239) <u>) 580 ~ 857</u> Area Code & Daytime Telephone Number **MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section** 0 **Division of Corporations Division of Corporations** P.O. Box 6327 **Clifton Building** 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 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.

	- Prode dR
1. Name of the limited liability company:(Essee historante and Bar
2. (a) Principal office address of limited liability compan	y: <u>751 Tarpon Bay Rd.</u>
(Note: MUST BE STREET ADDRESS)	Sanibel, Fr. 33957
(b) Mailing address of limited liability company:	751 Takon Buy Rd.
(Note: MAY BE POST OFFICE BOX)	Sanibel 572 333957
4/11/2011	L110000 44 FZ.75
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:	Peck Daniel DESQ
Registered Office Address:	5801 Pelican Bay Blud. suite # 103
	2709
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	AJ Black
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	- TSI Tarpon By Rd.
If the limited liability company is not organized under the 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	tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization
Signature of a member or authorized representative of a member $A \int B a c C$ Printed or typed name of signee	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro- and I am familiar with and accept the obligations of my po- Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan- Signature of Registered Agent	ngree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.
Division of Corporations, P.O. Box 63	27, Tallahassee, FL 32314

FILING FEE: \$25.00

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