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(Req	uestor's Name)	
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FILLARASSEE, FLORIDA

B. BOSTICK MAY 16 2011 EXAMINER

## **COVER LETTER**

TO: **Registration Section Division of Corporations** 

BJECT:	 BE	

EST CATERING, LLC

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:

ALAN PHILLIPS

Name of Person

**BEST CATERING, LLC** Firm/Company

1000 PALM COAST PKWY SW #102 Address

> PALM COAST, FL 32137 City/State and Zip Code

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

For further information concerning this matter, please call:

ALAN PHILLIPS	at ( 386 ) 446-0074
Name of Person	Area Code & Daytime Telephone Numbe
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	·

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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:	BEST CATERING, LLC	
2. (a) Principal office address of limited liability compa	iny: 1000 PALM COAST PKWY SW	
( <u>Note: MUST BE STREET ADDRESS</u> )	#102 PALM COAST, FL 32137	
(b) Mailing address of limited liability company:	1000 PALM COAST PKWY SW	
( <u>Note: MAY BE POST OFFICE BOX</u> )	#102 PALM COAST, FL 32137	
4/27/11	L11000049919	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida Dept. of State:	
Registered Agent:	ANDREW PHILLIPS	
Registered Office Address:	1000 PALM COAST PKWY SW #102 PALM COAST, FL 32137	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW</u> Registered Agent:	EW Registered Office address: ALAN PHILLIPS	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1000 PALM COAST PKWY SW #102	
MOST DE LOMDA OTHERT ADDRESS	PALM COAST ,FL 32137	
If the limited liability company is not organized under th 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 changed 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	Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote	
ALAN PHILLIPS		
Printed or typed name of signee 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 p Chapter 608, F.S. Or, if this document is being filed to n address chereby confirm that the limited liability compa	agree to act in this capacity. I further agree to roper and complete performance of my duties, position as registered agent as provided for in perely reflect a change in the registered office ny has been notified in writing of this change.	

X Signature of Registered Agent

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

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