

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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(((H130002815183)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SHEPPARD, BRETT, STEWART, HERSCH, KINSEY & HILL, P.A.

Account Number : I20040000018

Phone Fax Number ; (239) 334-1141 : (239)334-3965

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sidpit@embarqmail.com

LLC REGISTERED AGENT CHANGE P. G. BEEF'S LLC

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EXAMINER DEC 26 2013

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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: P. G. H	BEEFS, LLC
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	18031 River Chase Court
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	18031 River Chase Court
September 22, 2011	L11000108811
3. Date of filing/registration in Florida 4	. Document number
 (a) Registered Agent and Registered Office shown on the Registered Agent: 	c records of the Florida Dept. of State: LORRAINE L. FATR
Registered Office Address:	18031 River Chase Court
NEW Registered Agent: NEW Registered Office Address: OMUST BE FLORIDA STREET ADDRESS)	SIDNEY S. PITTMAN 16600 Willow Point Court
(MUST BE FLORIDA STREET ADDRESS)	Alva FL 33920
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) with members of the limited liability company or as otherwise the operating agreement of the limited liability company.	rida street address of the registered office al. Or, in the case of a Florida limited vas/were authorized by an affirmative vote of
LORRAINE L. FAIR	
Printed or typed name of signee	
I hereby accept the appointment as registered agent and agreemently with the provisions of all statutes relative to the propagal am familiar with and accept the obligations of my posi Chapter 608, F.S. Or, if this document is being filed to mere address, I hereby confirm that the limited liability company to the status of Registered Agent Sidney S. Pittman	ree to act in this capacity. I further agree to er and complete performance of my duties, tion as registered agent as provided for in ly reflect a change in the registered office has been notified in writing of this change.
Division of Corporations, P.O. Box 632	7. Tallahassee, FL 32314
FILING FEE: \$25	

INHS18 (05/08)

From: SHEPPARD LAW FRIM

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