

L110000112224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

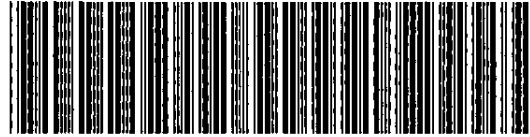
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**B. KOHR**

AUG 28 2012

**EXAMINER**



600238370776

08/13/12--01023--005 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 AUG 23 PM 3:07



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 16, 2012

KIM MERIDETH  
HURRIKANE CAFE, LLC  
254 E. EAU GALLIE BLVD.  
INDIAN HARBOR BEACH, FL 32937

SUBJECT: HURRIKANE CAFE, LLC  
Ref. Number: L11000112224

FILED STATE  
SECRETARY OF CORPORATIONS  
12 AUG 23 PM 3:07

We have received your document for HURRIKANE CAFE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It seems to us that you simply need to file an LLC Amendment. On the Amendment form you can make all the changes that you seem to want to make and pay just one \$25.00 fee.

However, if you wish to submit an AMENDMENT, you must send us the cover letter, and both pages of the AMENDMENT form.

If you wish to file a RESIGNATION form, that will require a separate \$25.00 payment. (Please note that you can only have one person resign on a RESIGNATION form. That's all you can do with the RESIGNATION form.)

You have sent us a Resignation form and the second page of an LLC Amendment form. You cannot combine the two forms.

Please return your request with the proper documents and the proper fees.

Again, we would recommend that you only file an LLC Amendment form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr  
Regulatory Specialist II

Letter Number: 012A00021095

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Hurricane Cafe LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Kim Meriedeth  
(Contact Person)

Hurricane Cafe LLC  
(Firm/Company)

254 E. EAU GALIE BLVD  
(Address)

INDIAN HARBOR BEACH, FL 32937  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kim Meriedeth at 321 622-8570 Restaurant  
(Name of Contact Person) (Area Code & Daytime Telephone Number) 321 305-9906 CELL

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**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

FILED-STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
12 MAR 23 PM 3:01

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

HURRIKANE CAFE, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 AUG 23 PM 3:07

The Articles of Organization for this Limited Liability Company were filed on Sept 30, 2011 and assigned  
Florida document number L1100011224.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Kimberly A Meriedeth

New Registered Office Address:

254 E. Eau Gallie

Enter Florida street address

Indian Harbor

Florida

32937

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DAVID PANICOLA	1046 PINETREE DR TALLAHASSEE FL 32307	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Kim Meriedeth	1345 AIA #506 Indian Harbor Beach FL 32907	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated

8/1/12

*[Signature]*

Signature of a member or authorized representative of a member

DAVID W. PANICOLA

Typed or printed name of signee

*[Signature]* Kim Meriedeth