

L11000127660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

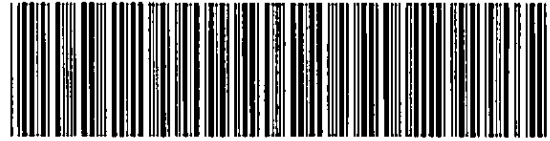
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Special Instructions to Filing Officer:

wrong form

11/16

Office Use Only



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10/04/18--01019--031 \*\*35.00

FILED  
2018 NOV 16 AM 11:01  
CLERK OF STATE  
TALLAHASSEE, FL

NOV 21  
S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 18, 2018

KINGS POINT BISTRO, LLC  
7000 W. ATLANTIC AVENUE  
DELRAY BEACH, FL 33446

SUBJECT: KINGS POINT BISTRO, LLC  
Ref. Number: L11000127660

We have received your document for KINGS POINT BISTRO, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather  
Regulatory Specialist III

Letter Number: 318A00021351

# **SACHS SAX CAPLAN**

ATTORNEYS AT LAW

Suite 200  
6111 Broken Sound Parkway NW  
Boca Raton, Florida 33487

TELEPHONE (561) 994-4499  
DIRECT LINE (561) 237-6811  
FACSIMILE (561) 994-4985

PETER S. SACHS, ESQ.  
psachs@ssclawfirm.com

November 13, 2018

Ms. Stacy Prather  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Kings Point Bistro, LLC, Ref. Number: L11000127660**

Dear Ms. Prather:

As per your letter number 318A00021351, enclosed please find the correct form for a Florida LLC. Please note that we have already paid \$35.00 toward the filing fee. Please apply \$25.00 toward this filing fee and send us a \$10.00 reimbursement check.

Please do not hesitate to contact this writer should you have any questions. Thank you for your attention to this matter.

Very truly yours,

SACHS SAX CAPLAN



Monique Hunt, Legal Assistant to  
Peter S. Sachs, Esq.

16 PM 12:18

/m

Enclosure

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KINGS POINT BISTRO, LLC

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Lisa Manzione

Name of Person

Kings Point Bistro, LLC

Firm/Company

7000 W. Atlantic Avenue

Address

Delray Beach, FL 33446

City/State and Zip Code

LManzione@vestapropertyservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Manzione

Name of Person

at ( 561 ) 381-2005

Area Code & Daytime Telephone Number

**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

**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 605.0114 or 605.0116, 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: KINGS POINT BISTRO, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

7000 W. ATLANTIC AVE.

DELRAY BEACH, FL 33446

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

7000 W. ATLANTIC AVE.

DELRAY BEACH, FL 33446

11/07/2011

L11000127660

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:

Karl Scheuerman

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

660 E. Jefferson Street, #202

Tallahassee, FL 32301

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Peter S. Sachs

**NEW Registered Office Address:**

6111 Broken Sound Parkway NW, Suite 200

Boca Raton, FL 33487

2018 NOV 16 AM 11:01  
FILED  
STATE DEPT. OF STATE  
TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Lisa Manzione  
Signature of a member or authorized representative of a member

Lisa Manzione, Director

Printed or typed name of signee

*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 605, 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 the change.*

[Signature]  
Signature of Registered Agent