

L12000097956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RA

Office Use Only

B. KOHR

AUG 21 2012

EXAMINER



100238031241

08/06/12--01004--012 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 20 AM 8:44



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2012

ANTHONY LACCETTI
AA WAYBACK BURGERS LLC
P.O. BOX 1978
FORT MYERS, FL 33901

SUBJECT: AA WAYBACK BURGERS LLC.
Ref. Number: L12000097956

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 AUG 20 AM 8 44

We have received your document for AA WAYBACK BURGERS 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):

Only ONE PERSON at a time can be designated at the Registered Agent.

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: 012A00020502

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AA Wayback Burgers LLC
Name of Limited Liability Company

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 20 AM 8:44

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:

Anthony Laccetti

Name of Person

AA Wayback Burgers LLC

Firm/Company

PO BOX 1978

Address

Fort Myers, FL 33901

City/State and Zip Code

Waybackburgers@aol.com

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

For further information concerning this matter, please call:

Anthony Laccetti

Name of Person

at (239)

292-0639

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 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: AA Wayback Burgers LLC

2. (a) Principal office address of limited liability company: 1350 Monroe St.

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

Fort Myers, FL 33901

(b) Mailing address of limited liability company: P.O. Box 1978

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

Fort Myers, FL 33901

7/27/12

3. Date of filing/registration in Florida

L12000097956

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Anthony Laccetti

Registered Office Address:

301 SE 28th Terr.
Cape Coral, FL 33904

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

NEW Registered Agent:

Anthony Laccetti

NEW Registered Office Address:

1350 Monroe St

(**MUST BE FLORIDA STREET ADDRESS**)

Fort Myers, FL 33901

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.

[Signature]
Signature of a member or authorized representative of a member

Anthony Laccetti

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 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.

[Signature]
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00