

**L130000 48294**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAMA MIA PIZZERIA & LATINO RESTAURANT 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:

LIZETTE CARTAGENA

(Contact Person)

JTSM FINANCIAL SERVICES

(Firm/Company)

175 GRACE BLVD

(Address)

ALTAMONTE SPRINGS, FL 32714

(City/State and Zip Code)

For further information concerning this matter, please call:

LIZETTE CARTAGENA at ( 407 ) 600-0597

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

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

**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: MAMA MIA PIZZERIA & LATINO RESTAURANT LLC

2. (a) Principal office address of limited liability company: 224 DAIRY ROAD, AUBURNDALE, FL 33823  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: PO BOX 853, HAINES CITY, FL 33845  
**(Note: MAY BE POST OFFICE BOX)**

05/01/2013

3. Date of filing/registration in Florida

4. Document number

L13000048294

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

Registered Agent:

OSCAR GAMEZ

Registered Office Address:

1105 N 21ST STREET  
HAINES CITY, FL 32844

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

**NEW Registered Agent:**

JTSM FINANCIAL SERVICES

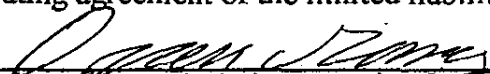
**NEW Registered Office Address:**

175 GRACE BLVD

**(MUST BE FLORIDA STREET ADDRESS)**

ALTAMONTE SPRINGS, FL 32714

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 of a member or authorized representative of a member

~~OSCAR GAMEZ~~ OSCAR GAMEZ  
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 of Registered Agent

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

FILING FEE: \$25.00

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