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(Req	uestor's Name)					
(Address)						
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(City/	/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
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SECRETARY OF STATE TALLAHASSEE. FLORID

NOV 24 2014 T. CARTER

### **COVER LETTER**

то:	Registration Section Division of Corporations						
SUBJE	BEACH CUISINE, LLC						
	Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.					
Please	return all correspondence concerning this	s matter to the following:					
MAR	GOT PEQUIGNOT, ESQ.						
	Name of Person						
MAR	GOT PEQUIGNOT, P.A.						
	Firm/Company	<del></del>					
P.O.	BOX 2497						
	Address						
LARC	GO, FL 33779-2497						
	City/State and Zip Code						
marp	eq@aol.com						
E	-mail address: (to be used for future annu	ual report notification)					
For fur	rther information concerning this matter,	please call:					
MAR	GOT PEQUIGNOT	727 518-7330					
·	Name of Person	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					
INHSI	8 (2/14)						

## 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.	Na	me of the limited liability company: BEACH CUI	SINE	LL	C			<del></del>
2.	(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability (Note: MAY BE POST OFF)				
		14219 Walsingham Rd., Suite Q			14219 W	/alsingham Rd., S	suite Q	
		Largo, FL 33774	<del></del>		Largo, F	L 33774		
		10/28/13		ı	_1300015	51305		
3.		Date of filing/registration in Florida	4.	-		Document number		
5.	(a)	LYNNE D. CASEY						
٥.	(a)	Registered Agent and Registered Office shown on the records of	fthe Flor	rida	Dept. of State	- <b>::</b>		
	Registered Office Address (MUST BE FLORIDA STREET AL			ESS)			14	TAL
		12909 130th St. N.				_	<u>8</u>	CRE LAT
		Largo, F	_3377	74	a-s	-	4 NOV 12	TARY ASSI
	(b)	JOEY BUCK					P 34	
	(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office	add	ress:	•	2: 54	TATE
		NEW Registered Office Address:				-		
		14219 Walsingham Rd., Suite Q				-		
		Largo, F.	337	74		_		
the age wa the	cha ent v s/we arti	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the re iability of the e limite	egis / co limi ed li	tered office mpany, it is ted liabilit	e and the business off s hereby confirmed th y company or as othe npany.	fice of the r nat the char rwise provi	egistered ge(s)
	-	ture of a member or authorized representative of a member	maa to	act	in this can		_	with the
pre the to	ovisi e obl mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, if in writing of this change.	gree to e perfo ed for i hereb	act rma in C y co	in this capt ince of my thapter 605 infirm that	acity. I further agree duties, and I am fami i, F.S. Or, if this doci the limited liability co	e to compty liar with ar ument is be ompany ha	with the nd accept ing filed s been
Si	gnatu	re of Registered Agent						
		Division of Cornerations P.O.	Rox 6	327	• Tallahas	see, FL 32314		

**FILING FEE: \$25.00** 

#### LAW OFFICE

Margot Pequignot, Esq. Deborah Taylor, Paralegal

#### MARGOT PEQUIGNOT, P.A.

P.O. Box 2497 Largo, Florida 33779-2497 164 8th Avenue S.W. Largo, Florida 33770

November 6, 2014

(727) 518-7330 Fax (727) 518-6330 marpeq@aol.com dstaylor475@aol.com

#### Via Fed-Ex Overnight Delivery

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Beach Cuisine, LLC

Dear Sir or Madam:

Enclosed please find the following documents for the above-referenced limited liability company:

- 1. Cover letter with Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company;
  - 2. Cover letter with Statement of Authority:
- 3. Cover letter with Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company; and
- 4. Statement of Resignation of Registered Agent for a Limited Liability Company.

Also enclosed please find my firm check in the amount of \$160.00 to cover your filing fees. If you have any questions, please do not hesitate to contact me by calling me at 727/518-7330. Thank you for your assistance in this matter.

Sincerely,

Margot Pequignot

MP/dt Enclosures

cc: Joey Buck