

L14000 152 795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

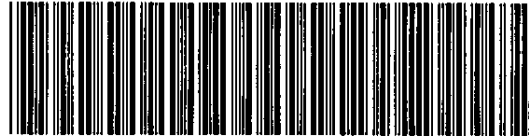
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100269329041

02/17/15--01024--005 \*\*25.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 APR -3 PM 2:55

APR 09 2015  
T. CARTER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2015

ANTONIO VISCOMI  
VISCOMI BROS LLC  
8135 GERBERA DRIVE UNIT 10103  
NAPLES, FL 34113 US

SUBJECT: VISCOMI BROS LLC  
Ref. Number: L14000152795

We have received your document for VISCOMI BROS 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):

A member must sign the document authorizing the change(s).

The registered agent must sign accepting the designation.

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) 245-6050.

Tina D Carter  
Regulatory Specialist

Letter Number: 615A00003883

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Viscomi Bros 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:

Antonio Viscomi

\_\_\_\_\_  
Name of Person

Viscomi Bros LLC

\_\_\_\_\_  
Firm/Company

8135 Gerbera Drive Unit 10103

\_\_\_\_\_  
Address

Naples, Florida 34113

\_\_\_\_\_  
City/State and Zip Code

asviscomi@gmail.com

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

For further information concerning this matter, please call:

Antonio Viscomi

at ( 216 )

209-8234

\_\_\_\_\_  
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

**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: Viscomi Bros LLC

2. (a) 8135 Gerbera Drive Unit 10103 (b) 8135 Gerbera Drive Unit 10103

Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

Naples, Florida 34113

Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

Naples, Florida 34113

September 30 2014

L14000152795

3. Date of filing/registration in Florida

4. Document number

5. (a) Bradley Black

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1415 Panther Ln

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Naples, FL 34109

(b) Antonio Viscomi

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

NEW Registered Office Address:

8135 Gerbera Drive Unit 10103

Naples, FL 34113

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 APR -3 PM 2:55

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

ANTONIO VISCOMI

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 this change.*

[Signature]  
Signature of Registered Agent