

L15000093613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

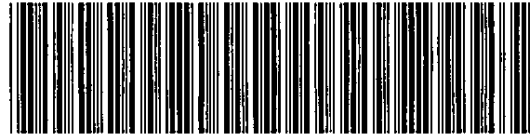
(Business Entity Name)

(Document Number)

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2015 AUG 31 P 4: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2015

NEIL S. SCHECHT
3630 W. KENNEDY BOULEVARD
TAMPA, FL 33609

SUBJECT: CROSSFIRE RESTAURANT GROUP, LLC
Ref. Number: L15000093613

We have received your document for CROSSFIRE RESTAURANT GROUP, 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 CORPORATION - INC., but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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.

Stacey M Mason
Regulatory Specialist II

Letter Number: 315A00017583

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CROSSFIRE RESTAURANT GROUP 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:

DAVID ANDREAS

Name of Person

CROSSFIRE

Firm/Company

PO BOX 62334

Address

FORT MYERS FL 33906

City/State and Zip Code

DAVIDSCOTTANDREAS@gmail.com

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

For further information concerning this matter, please call:

DAVID ANDREAS

Name of Person

at (813) 600 7835

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
Divi
P.O.
Tall

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$5.

David S. Andreas
Crossfire Restaurant Group, LLC

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: CROSSFIRE RESTAURANT GROUP LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

11202 ADORA COURT
FORT MYERS, FL 33912

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

PO Box 62334
FORT MYERS, FL 33906

3. Date of filing/registration in Florida
MAY 28, 2015

4. Document number
L15000093613

5. (a) UNITED STATES CORPORATION AGENTS, INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 WINDING OAK COURT A
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TAMPA, FL 33612

(b) NEIL SCHECHT PA
Enter name of NEW Registered Agent and/or NEW Registered Office address:

3630 W. KENNEDY BLVD
NEW Registered Office Address:

TAMPA, FL 33609-2906

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.

David S. Andreas
Signature of a member or authorized representative of a member

DAVID ANDREAS
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.

Neil J. Schecht
Signature of Registered Agent

Neil J. Schecht

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA