

L15000123100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

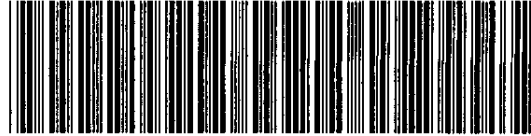
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Sign

Office Use Only



400276347534

10/16/15--01012--001 **25.00

FILED
2015 NOV 23 PM 6:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
DEC -1 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 NOV 23 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 19, 2015

O'DEENY'S CARIBBEAN RESTAURANT, LLC
ORLENDINA DARCISSE
1380 N KROME AVE. #109
FLORIDA CITY, FL 33034

SUBJECT: O'DEENY'S CARIBBEAN RESTAURANT, LLC
Ref. Number: L15000123100

We have received your document for O'DEENY'S CARIBBEAN RESTAURANT, 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):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 815A00022057

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: O'Deeny's Caribbean Restaurant
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:

Orlendina Darcisse
Name of Person

O'Deeny'S Caribbean Restaurant,LLC
Firm/Company

1380 N Krome Ave # 109
Address

Florida City, FI 33030
City/State and Zip Code

dinadarcisse@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Orlendina Darcisse at (786) 281-5374
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: O'Deeny's Caribbean Restaurant, LLC

2. (a) 1380 N Krome Ave #109 Florida City, fl 33034 (b) 3510 NE 11th St , Homestead ,fl 3303301
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 07/17/2015 4. L15000123100
 Date of filing/registration in Florida Document number

5. (a) _____
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Law Office of Sean P. O'Connor, P.A

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
211 North Krome Ave
Homestead, FL 33033

FILED
 2015 NOV 23 PM 6:24
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

NEW Registered Office Address:
1380 N Krome Ave #109
Florida City, FL 33034

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.

Darcisse
 Signature of a member or authorized representative of a member

ORLENDINA DARCISSE
 Printed or typed name of signer

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 of Registered Agent