

116000016048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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17 OCT -4 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]
10/4/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2017

PATRICK SOLARINO
2665 E ATLANTIC BLVD
POMPANO BEACH, FL 33062 US

SUBJECT: TRATTORIA NOVELLO LLC
Ref. Number: L16000016048

We have received your document for TRATTORIA NOVELLO 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):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 254-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 817A00018947

RECEIVED
2017 OCT -4 AM 13:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trattoria Novello 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:

Patrick Solarino
Name of Person

Trattoria Novello LLC
Firm/Company

2665 E ATLANTIC BLVD
Address

Pompano Beach Florida 33062
City/State and Zip Code

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

For further information concerning this matter, please call:

Patrick Solarino at (954) 591-4882
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: TRATTORIA Novello
2. (a) 2665 EAST ATLANTIC BLVD
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
- (b) 2665 EAST ATLANTIC BLVD
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

3. 01/22/2016
Date of filing/registration in Florida
4. L16000016048
Document number

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

2665 E ATLANTIC BLVD
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Pompano Beach
FL 33062

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

2665 E ATLANTIC BLVD
NEW Registered Office Address:
Pompano Beach
FL 33062

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TALLAHASSEE, FLORIDA

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.

Ginevra Ray Giuseppe Perez
Signature of a member or authorized representative of a member 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.

Francesca Perez
Signature of Registered Agent

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