

216000092379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

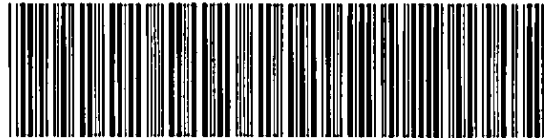
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 JAN -8 PM 2:49
CLERK OF COURT
TALLAHASSEE, FLORIDA

JAN 10 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 15, 2017

VIDYA PERSAD
5664 SOUTH RUE ROAD
WEST PALM BEACH, FL 33415

SUBJECT: THE ISLAND GETAWAY CUISINE LLC
Ref. Number: L16000092379

We have received your document for THE ISLAND GETAWAY CUISINE 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, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 417A00025407

RECEIVED

JAN - 9 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Island Getaway Cuisine 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:

Vidya Persad
Name of Person

The Island Getaway Cuisine LLC
Firm/Company

5664 South Rue Rd.
Address

West Palm Beach, FL 33415
City/State and Zip Code

vkne@hotmai1.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vidya Persad at (954) 695-2680
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: The Island Getaway Cuisine LLC

2. (a) 51664 South Rue Rd.
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

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

West Palm Beach, FL 33415

3. 10/13/2017
Date of filing/registration in Florida

4. L16000092379
Document number

5. (a) Gary G. Persad
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

51664 South Rue Road
West Palm Beach FL 33415

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

~~51664 South Rue Road~~
NEW Registered Office Address:

51664 South Rue Road

West Palm Beach FL 33415

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

Gary Persad
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 obligation of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely effect 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

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