

L16000168732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

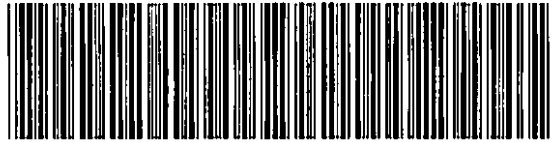
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FL

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 AUG 25 PM 2:21

July 20, 2021

S POWERLINE DONUTS, LLC  
PO BOX N  
SANFORD, ME 04073

SUBJECT: S POWERLINE DONUTS, LLC  
Ref. Number: L16000168732

We have received your document for S POWERLINE DONUTS, 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 business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 921A00016806

— 1

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** S POWERLINE DONUTS, 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:

EUGENE H. GAUDETTE

Name of Person

Firm/Company

P.O. BOX N

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Address

SANFORD, ME 04073

City/State and Zip Code

tiffany@ehglaw.com

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

For further information concerning this matter, please call:

TIFFANY CAMIRE at (207) 324-1551

Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: S POWERLINE DONUTS, LLC

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

1101 S POWERINE RD  
DEERFIELD BEACH, FL 33442

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

280 MERRIMACK STREET  
METHUEN, MA 01844

SEPTEMBER 9, 2016

L16000168732

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
CAFUA CONSULTING COMPANY, LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

12236 TILLINGHAIST CIRCLE

PALM BEACH GARDENS, FL 33418

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

NEW Registered Office Address:

4100 N POWERLINE ROAD, UNIT M1

POMPANO BEACH, FL 33073

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 of a member or authorized representative of a member

EUGENE H. GAUDETTE

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 of Registered Agent

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

FILED  
2021 AUG 25 PM 12:04  
TALLAHASSEE, FL  
CLERK OF STATE