

L17000040394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

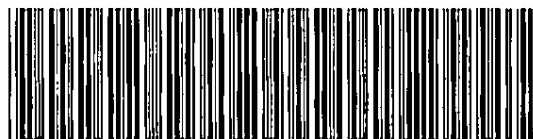
(Business Entity Name)

(Document Number)

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2017 JUL 27 PM 4:54  
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TALLAHASSEE, FLORIDA

K. SALY  
AUG - 1 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** El Capitan Cafe, 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:

Jose Ballesteros  
Name of Person

Firm/Company

2036 NE 2nd Terrace  
Address

Pompano Beach  
City/State and Zip Code

j.ballesteros942@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nathalie Galvan at (754) 252-6305  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 18, 2017

JOSE BALLESTEROS  
2036 NE 2ND TERRACE  
POMPANO BEACH, FL 33060

SUBJECT: EL CAPITAN CAFE LLC  
Ref. Number: L17000040394

We have received your document for EL CAPITAN CAFE LLC and your check(s) totaling \$55.00. 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 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: 117A00014513

RECEIVED  
2017 JUL 27 AM 10:21  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

**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: EL CAPITAN CAFE, LLC

2. (a) 901 Hypoluxo Road (b) 2071 NE 1st Avenue

Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

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

Lantana, FL 33462

Pompano Beach, FL 33060

2/21/2017

L17000040394

3. Date of filing/registration in Florida

4. Document number

5. (a) Hector Hernandez

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2071 NE 1st Avenue

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Pompano Beach, FL 33060

(b) Jose Ballesteros

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

2036 NE 2nd Terrace

**NEW** Registered Office Address:

Pompano Beach, FL 33060

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

Jose Ballesteros

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]  
Signature of Registered Agent

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

FILED  
2017 JUL 27 PM 4:54  
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TALLAHASSEE, FL 32304