

L17000067674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

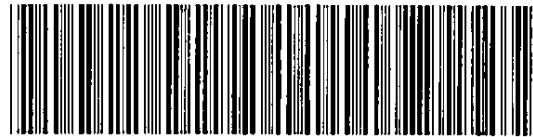
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/30/17--01001--011 *25.00

FILED

2017 JUN 30 A 10:00
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

D BRUCE
JUL 05 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANC CIGAR LOUNGE 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:

DAN MOUNEIMNE

Name of Person

ANC CIGAR LOUNGE LLC

Firm/Company

214 E CASS STREET

Address

TAMPA, FL 33602

City/State and Zip Code

DAN.MOUNEIMNE123@GMAIL.COM

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

For further information concerning this matter, please call:

DAN MOUNEIMNE

614

397-1800

at ()

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

FILED
2017 JUN 30 A 10:00
CLERK OF COURT
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.

ANC CIGAR LOUNGE LLC

1. Name of the limited liability company: ANC CIGAR LOUNGE LLC

2. (a) Principal office address of limited liability company.
(Note: MUST BE STREET ADDRESS)
214 E CASS STREET
TAMPA, FL 33602

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

03/24/2017

L17000067674

3. Date of filing/registration in Florida 4. Document number
BEDPAN C. HARLES, CHARLES BEDPAN

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

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
214 E CASS STREET
TAMPA, FL 33602

DAN MOUNEIMNE

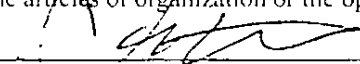
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address

214 E CASS STREET

NEW Registered Office Address:

TAMPA, FL 33602

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

DAN MOUNEIMNE

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

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

FILED
2017 JUN 30 A 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA