

L17000126839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

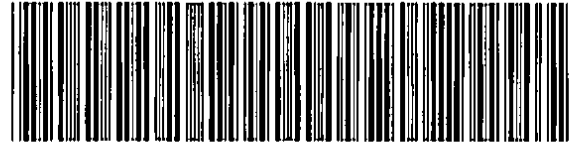
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2019 AUG 21 AM 8:39  
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Y. SHUKER

AUG 21 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 26, 2019

CILANTRO LATIN CAFE LLC  
8013 CUTRYS PARK TOWN CENTER MALL  
TAMPA, FL 33556

SUBJECT: CILANTRO LATIN CAFE LLC  
Ref. Number: L17000126839

We have received your document for CILANTRO LATIN CAFE LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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: 319A00015303

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cilantro Latin 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:

Esther Genao

\_\_\_\_\_  
Name of Person

Cilantro latin Cafe LLC

\_\_\_\_\_  
Firm/Company

8013 Cutrys Park Town Center Mall

\_\_\_\_\_  
Address

Tampa, FL 33556

\_\_\_\_\_  
City/State and Zip Code

nitulagroup@yahoo.com esthermik@aol.com

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

For further information concerning this matter, please call:

Esther Genao

at ( 786 )

657 8156

\_\_\_\_\_  
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

**RECEIVED**  
JUL 18 2019

**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: Cilantro latin Cafe LLC

2. (a) Cilantro Latin Cafe LLC (b) Cilantro Latin Cafe LLC

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

8013 Citrus Park Town Center

2915 Caboose Lane Unite 201

Tampa, FL 33625

Odessa, FL 33556

4/19/2019

L17000126839

3. Date of filing/registration in Florida

4. Document number

5. (a) Esther Genao

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

22425 Oakville Drive

Land O Lakes, FL 34639

(b) Esther Genao

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

Esther Geano

NEW Registered Office Address:

2915 Caboose Lane Unit 201

Odessa, FL 33556

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.

Esther Genao  
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.*

Esther Genao  
Signature of Registered Agent

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