

L24000363658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

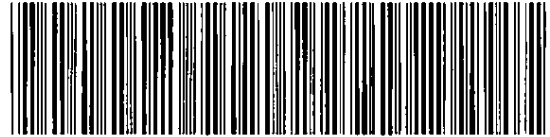
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SWEET GREEKS LLC

SUBJECT: _____
Name of Limited Liability Company

DOCUMENT NUMBER: 124000363658 _____

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TSAVARIS, STEFANOS J

Name of Person

SWEET GREEKS LLC

Name of Firm/Company

1012 LAKE AVOCA PL.

Address

TARPON SPRINGS, FL 34689

City/State and Zip Code

stefano_tsavaris@yahoo.com

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

For further information concerning this matter, please call:

MEMISAKIS, PANTELIS

_____ at (727) 667-9235

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

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.

SWEET GREEKS LLC

1. Name of the limited liability company: 204 NORTH FLORIDA AVE
TARPON SPRINGS, FL 34689

(b) 204 NORTH FLORIDA AVE
TARPON SPRINGS, FL 34689

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

08/19/2024

1.24000363658

3. Date of filing/registration in Florida
TSAVARIS, STEFANOS J

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1012 LAKE AVOCA PL

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TARPON SPRINGS, FL 34689

MEMISAKIS, GEORGIA

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

204 N FLORIDA AVE

NEW Registered Office Address:

TARPON SPRINGS, FL

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

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

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