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CHARLES M. WYNN LAW OFFICES, P. A.

MAIN OFFICE
4436 CLINTON STREET
MARIANNA, FL 32446
Phone (850) 526-1529 or
Phone (850) 526-3520
FAX (850)526-5210
É-MAIL wynnlaw@earthlink.net

MAILING ADDRESS POST OFFICE BOX 146 MARIANNA, FL 32447-0146 PANAMA CITY SATELLITE JENKS PROFESSIONAL CENTER 949 JENKS AVE. PANAMA CITY, FL 32401 PHONE (850) 784-0132

CHARLES M. WYNN, ESQ. SINCE 1977

April 28, 2003

Florida Department of State Division of Corporation P.O. Box 6327 Tallahassee, Florida 32314

Re: San Marcos Mexican Restaurant, LLC

To Whom it May Concern:

In connection with the captioned matter, enclosed herewith you will find an original Statement of Change of Registered Agent for Limited Liability Company along with our check payable to the Division of Corporation in the sum of \$25.00 representing your filing fee.

Please handle accordingly. Thank you for your attention to this matter.

Very Truly Yours,

CHARLES M. WYNN LAW OFFICES, P.A.

Charles M. Wynn, Esq.

CMW/ml encls.

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May 5, 2003

CHARLES M. WYNN LAW OFFICES, P.A. POST OFFICE BOX 146 MARIANNA, FL 32447-0146

SUBJECT: SAN MARCOS MEXICAN RESTAURANT, LLC

Ref. Number: L9900005049

We have received your document for SAN MARCOS MEXICAN RESTAURANT, 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6958.

Lee Rivers Document Specialist

Letter Number: 103A00027665

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited	liability company is: 💲	SAN MAR	cos Hexi	CAN RE	STAURAUT,
2. The mailing address of the	ne limited liability com	pany is : _ <i>4</i>	727 High	hway 90	East.
Harianna, Fl		<u> </u>	<u> </u>		
8-13-99		6	990000	05049	
3. Date of filing/registration	ı in Florida		Document nun		
5. The name of the registere Florida Department of St.	d agent and the registerate: Amy D. M. 4727 High a Marianna, R. City, S.				of the
_	<u>Marianna, A</u> City, S	2 3244 tate and Zip	6	* -	. •
6. The name and address of					
	Melchor Mu 4727 Highwa Florida street address (Marianna City, Sta	ame New 90 (P.O. Box NO			D3 MAY -9 PM 1:5
If the limited liability composition of the charand the business office of the liability company, it is herely the members of the limited the operating agreement of the limited limited the operating agreement of the limited limi	nge or changes are mad le registered agent will	de, the Florida be identical. (hange(s) was/o otherwise pro npany.	street address of	of the registere	ed office
(Printed or typed name of signee)	WWD_		**	ν	ez_ =
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if thi address, I hereby confirm the	ment as registered age of all statutes relative i of all statutes relative i of the obligations of the limited liability	ent and agree to to the proper a of my position ed to merely re company has	o act in this ca ind complete pe as registered a eflect a change been notified in	pacity. I furtherformance of a gent as provide in the register writing of this	er agree to my duties, led for in red office s change.
MELCHOR NUNC (Signature of Registered Agent)	2			*	