

M080000002864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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AUG 10 2011

**EXAMINER**



300210877693

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11 AUG -9 AM 9:47

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 874098 4372680

AUTHORIZATION :

COST LIMIT : \$ 25.00

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
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ORDER DATE : August 9, 2011

ORDER TIME : 2:54 PM

ORDER NO. : 874098-040

CUSTOMER NO: 4372680

CHANGE OF AGENT

NAME: RESTAURANT DEPOT, LLC

RECEIVED  
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TALLAHASSEE, FLORIDA

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CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Restaurant Depot, LLC  
Name of Limited Liability Company

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 AUG -9 AM 9:47

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:

Brian E. Emmert

Name of Person

c/o Jetro Cash and Carry Enterprises, LLC

Firm/Company

15-24 132nd Street

Address

College Point, NY 11356

City/State and Zip Code

bemmert@jetrord.com

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

For further information concerning this matter, please call:

Brian E. Emmert

Name of Person

at ( 718 )

762-8700

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  
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DIVISION OF CORPORATIONS  
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**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. Name of the limited liability company: Restaurant Depot, LLC

2. (a) Principal office address of limited liability company: 15-24 132nd Street

(Note: **MUST BE STREET ADDRESS**) College Point, NY 11356

(b) Mailing address of limited liability company: 15-24 132nd Street

(Note: **MAY BE POST OFFICE BOX**) College Point, NY 11356

6/16/2008

3. Date of filing/registration in Florida

M08000002864

4. Document number

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

Registered Agent: Michael Sax

Registered Office Address: 2041 NW 12th Avenue  
Miami, FL 33127

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

**NEW Registered Agent:** Registered Agents Legal Services, LLC

**NEW Registered Office Address:** 155 Office Plaza Drive  
(**MUST BE FLORIDA STREET ADDRESS**) Suite A  
Tallahassee, FL 32301

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.

Brian E. Emmert  
Signature of a member or authorized representative of a member

Brian E. Emmert, CFO of Member  
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 608, 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.*

Denise F. Miller  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00