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PLEASE RUPLY TO: NEW JERSEY OFFICE

STEVEN J. ABRAMS\*

CARL S. BISGAIER+

June 5, 1998

Division of Corporations Department of State 409 E. Gaines Street Tallahassee, Florida 32399

RE: Crabs From Florida, L.C.

Dear Sir/Madam:

Enclosed please find an original and copy of a Statement of Change of Registered Office and Agent for the above-referenced limited liability company and our check in the amount of \$35.00 representing your filing fee. Please return a filed copy of this Statement to the undersigned in the enclosed self-addressed, stamped envelope.

Thank you.

Name Availability

Document Examinar

Updater

Update

Verifyer

Acknowledgemen

W. P. Vernyer

Very truly yours,

FLASTER, GREENBERG, WALLENSTEIN, RODERICK, SPIRGEL, ZUCKERMAN, SKINNER & KIRCHNER, P.C.

Theresa M. Cooke Legal Assistant

/tmc Enclosure



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 16, 1998

THERESA M. COOKE FLASTER, GREENBERG, WALLENSTEIN 1810 CHAPEL AVENUE WEST, 3RD FLOOR CHERRY HILL, NJ 08002-4609

SUBJECT: CRABS FROM FLORIDA, L.C.

Ref. Number: M98000000054

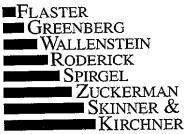
We have received your document for CRABS FROM FLORIDA, L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A limited liability company may not serve as its own registered agent. Please designate an individual or an active entity, with a Florida street address. A post office box is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Letter Number: 598A00033369

Tammi Cline Document Specialist DIVISION OF CORPORATIONS



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PLEASE REPLY TO, NEW JERSEY OFFICE

July 20, 1998

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

Attention:

Tammi Cline

RE:

Crabs From Florida, L.C.

Your Letter No. 598A00033369

Dear Ms. Cline:

On June 16<sup>th</sup> you returned the Statement of Change of Registered Office and Agent for the above limited liability company. Per your instructions, an individual has been named to serve as registered agent for the company. Please file the statement of change and return the filed copy to the undersigned in the enclosed self-addressed, stamped envelope.

Very truly yours,

FLASTER, GREENBERG, WALLENSTEIN, RODERICK, SPIRGEL, ZUCKERMAN, SKINNER & KIRCHNER, P.C.

Theresa M. Cooke

Legal Assistant

/tmc Enclosure

## Florida Department of State, Sandra B. Mortham, Secretary of State 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 organized under the laws of the State of New Jersey, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the limited liability company is:

Crabs From Florida, L.C.

1b. The mailing address of the limited liability company is:

720 West King Street Cocoa, Florida 32922

- 1c. Date of filing/registration in Florida: January 20, 1998; Document No. M9800000054
- 2. The name and address of the current registered agent and office:

CT Corporation System c/o CT Corporation, 1200 South Pine Island Road Plantation, Florida 33324

3. The name and address of the new registered agent and office:

Scott Pete 720 West King Street Cocoa, Florida 32922

After the change or changes are made, the street address of the registered office and the business office of the registered agent will be identical.

Such change was authorized by affirmative vote of a majority of the members of the limited liability company or as provided in the articles of organization or the regulations of the limited liability company.

Gilbert G. Zuckerman, President

of Manager: Crabs Consulting, Inc.

Having been named as registered agent and to accept service of process for the above stated limited liability company, I hereby accept the appointment as registered agent and agreed 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 obligation of my position as registered agent

Signature of Registered Agent

/(Date)

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