P0800027462	
(Requestor's Name) (Address) (Address)	800136846858
(City/State/Zip/Phone #)	10/16/0801015003 ** 35.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	08 0CT 29
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Office Use Only	R-A. Charge C.COULLIETTE OCT 292008 EXAMINER

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COVER LETTER

TO: Amendment Section Division of Corporations

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SUBJECT: Apache's State Road 60 Family Restaurant Corporation, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P08000027462

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM D. PARKER

(Name of Person)

APACHE'S S. R. 60 FAMILY RESTRAUNT

(Name of Firm/Company)

1202 BRANDON BLVD

(Address)

BRANDON FLORIDA 33565

(City/State and Zip Code)

For further information concerning this matter, please call:

WILLAIM D. PARKER

(Name of Person)

at (<u>813</u>) 277-4359 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 <u>Mailing Address</u>: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2008

WILLIAM D. PARKER APACHE'S S.R. 60 FAMILY RESTURANT 1202 BRANDON BLVD BRANDON, FL 33565

SUBJECT: APACHE'S STATE ROAD. 60 FAMILY RESTAURANT CORPORATION, INC. Ref. Number: P08000027462

We have received your document for APACHE'S STATE ROAD 60 FAMILY RESTAURANT CORPORATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 708A00054612

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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

1. The name of the corporation: APACHE'S S.R.60 FAMILY RESTRAUNT

2. The principal office address: 1202 W. BRANDON BLVD.

3. The mailing address (if different):______

4. Date of incorporation/qualification: 3/14/2008 Document number: P08000027462

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

WILLIAM D. PARKER

1114 SPARKMAN ROAD

PLANT CITY FLORIDA 33563

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

(P.O. Box NOT acceptable)

ROGER LOVELY

4904 C.P. KEEN ROAD

PLANT CITY FLORIDA 33565

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

ignature of an officer or director)

0-24-3008 (Date) 08 OCT 29 PH 3:

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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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent

If signing on behalf of an entity:

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)