

598295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

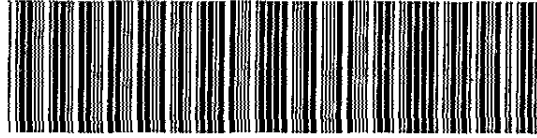
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ALLAHASSEE, FLORIDA

Rs 2/3/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Coral Creek Shoppes Restaurant Inc.
(Name of Corporation)

DOCUMENT NUMBER: S98295

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

Please return all correspondence concerning this matter to the following:

Lorenzo Troia

(Name of Person)

Coral Creek Shoppes Restaurant Inc

(Name of Firm/Company)

6512 N. State Rd. 7

(Address)

Coconut Creek, FL 33073

(City/State and Zip Code)

For further information concerning this matter, please call:

Lorenzo Troia

(Name of Person)

at (954) 815-2452

(Area Code & Daytime Telephone Number)

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

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Coral Creek Shoppes Restaurant Inc
2. The principal office address: 6512 North State Rd 7 Coconut Creek, Fl 33073
3. The mailing address (if different): 6512 North State Rd 7 Coconut Creek, Fl 33073
4. Date of incorporation/qualification: 12/5/1991 Document number: S98295
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Audrey M Troia

7682 Wiles Rd

Coral Springs, Fl 33037

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

Lorenzo Troia

6512 North State Rd 7

(P.O. Box or personal mailbox NOT acceptable)

Coconut Creek, Fl 33073

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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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.

Lorenzo Troia
(Signature of an officer or director)

Lorenzo Troia-President
(Printed or typed name and title)

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.

Lorenzo Troia
(Signature of Registered Agent)

1/14/04
(Date)

If signing on behalf of an entity:

Lorenzo Troia
(Typed or Printed Name)

President
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314