## A12000000531

(Re	equestor's Name)						
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SECRETARY OF STATE
TALLAMASSEE STATE

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	ECT:Eagle River Homes,	LLLC
	Name of Limited Partn	ership or Limited Liability Limited Partnership
DOCU	MENT NUMBER: A12000	0000531
	closed Statement of Change of Fare submitted for filing.	Registered Office and/or Registered Agent and
Please	return all correspondence conce	rning this matter to:
	Yosef Y Manela	
	Contact Person	
	Manela and Comp	pany
	Firm/Company	
	6300 Wilshire Blvd Si	uite 2030
	Address	
	Los Angeles, CA 90048	3
	City, State and Zip Cod	e
	yosef@manelaco.c	com
E-1	mail address: (to be used for future ann	
For fur	ther information concerning this	s matter, please call:
Yo	osef Y Manela	at ( 323 ) 782-0818
	Name of Contact Person	Area Code and Daytime Telephone Number
Enclose	ed is a \$35.00 check made payal	ble to the Florida Department of State.
STRE	ET ADDRESS:	MAILING ADDRESS:
Registr	ration Section	Registration Section
-	on of Corporations	Division of Corporations
Clifton	Building	P. O. Box 6327
2661 E	xecutive Center Circle	Tallahassee, FL 32314
	issee, FL 32301	

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1.	Eagle River Homes, LLLP						
_	Name of Limited Pa	artnership or Limited L	ability	/ Lim	ited Partnership	)	_
2.	09/10/2012		3.	A1	2000000531		
	Date of filing/registration in F	lorida		F	lorida docume	nt number	_
4. T Dep	The name of the registered agent are partment of State:	d the registered office a	ıddres	s as s	hown on the re	cords of the Florid	la
	I	ncorp Services, In					
	<u> </u>	Name	-				
		17888 67th Court No	orth				
		Address					
		Loxahatchee, FL	33470	)			TSS 🛎
		City, State and Z	p	,			S S
5. T	The name and Florida street addres	s of the new registered	agent	and/o	r office:		製みに
		Bartosz Uzar	owsk	i			SEE O
	<del></del> -	Name			<del> </del>		
		17071 Dixie High	ıway				MI OF 33
	Florida street address (P.O. Box not acceptable)						DA 33
	Nort	h Miami Beach		FL.	33160		
	<del></del>	City, State and Z	р				
Sign I her	Such change(s) is/are effective when the change and the change are the appointment as reputable with the provisions of all statu	gistered agent and agre	e to ac r and	ct in ti comp	his capacity. I lete performan		
E	Jam familiar with an accept the o	bligations of my positio	n as r	egiste	red agent.		

Filing Fee:

Certified Copy (optional): \$52.50

\$35.00