

L03000012638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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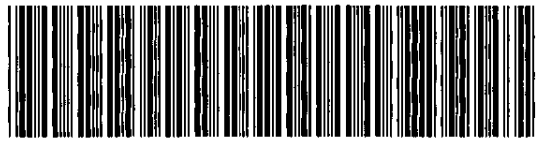
(Business Entity Name)

(Document Number)

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09 FEB 24 PM 3:33

Sign.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 393 U.S. Highway 17, LLC
(Name of Limited Liability Company)

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:

Danielle Brackett, Esq.
(Name of Person)

Jill A. Seifer, Esq., P.A.
(Firm/Company)

7300 W. Camino Real, Suite 230
(Address)

Boca Raton, FL 33433
(City/State and Zip Code)

For further information concerning this matter, please call:

Danielle Brackett, Esq. at (561) 212-7835
(Name of Person) (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

Jill A. Seifer, Esq. P.A.
7300 W. Camino Real, Suite 230
Boca Raton, Florida 33433
(954) 857-4565 telephone
(561) 342-2317 facsimile

February 23, 2009

Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Re: 393 U.S. Highway 17, LLC

Dear Sir or Madam:

Enclosed please find Statement of Change of Registered Office along with copy of Letter Number 109A00001247.

Please file change of Registered Office accordingly. Please note payment has been previously made.

Please do not hesitate to contact the undersigned in the event of any questions or comments.

Sincerely,



Danielle Brackett, Esq.
Attorney for 393 U.S. Highway 17, LLC
(561) 212-7835 Cell
daniellebrackett@bellsouth.net

cc: 393 U.S. Highway 17, LLC

**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: 393 U.S. Highway 17, LLC

2. (a) Principal office address of limited liability company: 15327 NW 60th Avenue, Suite 240
(Note: **MUST BE STREET ADDRESS**) Miami Lakes, FL 33014

(b) Mailing address of limited liability company: 15327 NW 60th Avenue, Suite 240
(Note: **MAY BE POST OFFICE BOX**) Miami Lakes, FL 33014

April 8, 2003 L03000012638

3. Date of filing/registration in Florida 4. Document number

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

Registered Agent: Enrique Gatti

Registered Office Address: 2715 NW 82 Ave
Miami, FL 33122

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

NEW Registered Agent: _____

NEW Registered Office Address: 15327 NW 60th Avenue, Suite 240
(**MUST BE FLORIDA STREET ADDRESS**) Miami Lakes, FL 33014
_____, FL _____

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DIVISION OF CORPORATIONS
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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.

(Signature of a member or authorized representative of a member)

Danulic Brockert, Esq. Attorney for
Martin Reppallini, MGRM- 393 U.S. Highway 17, LLC
(Printed or typed name of signee)

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.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00