L05000014365

(Requestor's Name)						
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B. BOSTICK
MAY **16** 2011

EXAMINER

COVER LETTER

TO:	Division of Corporations	,						
SUBJI	SUBJECT: 405 ISLAND CLUB, LLC							
	Name of Li	imited L	iability Company					
Dear S	r or Madam:							
The en	closed Registered Agent/Registered Of	ffice Cha	ange and fee(s) are submitt	ted for filing.				
Please	return all correspondence concerning t	his matt	er to the following:					
	RAFAEL ALMANZAR Name of Person	,						
	ALMANZAR ACCOUNTING SERV Firm/Company	/ICES						
	8580 NW 6TH LANE #104			ALL				
				ار الانتقال الانتقالا الانتقالات		, mercune) E B		
	MIAMI, FL 33126			(S)	10	(
	City/State and Zip Code	•	 ·		11.00 11.00			
					픙	الخريسية		
E-n	accounting@adaag-consulting.c	om tification)		PIE PATE PATE	MH0: 39			
For fur	her information concerning this matter	r, please	call:	·				
	RAFAEL ALMANZAR	at (3	905) 285-7373	Ext. 315				
•	Name of Person		Area Code & Daytime Telepl		_			
	STREET/COURIER ADDRESS:		MAILING ADDRESS:					
	Registration Section		Registration Section					
	Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327					
	2661 Executive Center Circle		Tallahassee, Florida 32314					
	Γallahassee, Florida 32301							
	Enclosed is a check for the following	; amoun	t:					
Γ,	7 \$25 Filing Fee	Г	\$55 Filing Fee & Certific	ed Copy				

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.

Name of the limited liability company:	405 ISLAND CLUB, LLC
2. (a) Principal office address of limited liability com	pany: 1385 Coral Way PH 403
(Note: MUST BE STREET ADDRESS)	Miami, FL 33145
(b) Mailing address of limited liability company:	1385 Coral Way PH 403
(Note: MAY BE POST OFFICE BOX)	Miami, FL 33145
02/10/2005	L05000014365
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:	Ricardo Londono
Registered Office Address:	1385 Coral Way PH 403 Miami, FL 33145
•	
(b) Enter name of <u>NEW Registered Agent</u> and/or	NEW Registered Office address: ALMANZAR ACCOUNTING SERVICES
NEW Registered Agent:	ALMANZAR ACCOUNTING SERVICES
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	8580 NW 6TH LANE #104 MIAMI ,FL33126
If the limited liability company is not organized under confirmed that after the change or changes are made, it and the business office of the registered agent will be i liability company. It is hereby confirmed that the chang of the members of the limited liability company or as or the operating agreement of the limited liability company or as for the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Ricardo Londono Printed or typed name of signee I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of member and are familiar with and accept the obligations of member address, I hereby confirm that the limited liability company of Registered Agent	AH A STANDARD TO THE STANDARD
Division of Corporations, P.O. Bo	x 6327, Tallahassee, FL 32314

FILING FEE: \$25.00