605000047804

(Requestor's Name)		
(Address)		
` ,		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer.		
_		

Office Use Only



000134307490

08/14/08--01037--006 **420.00

AND SEP 24 PH 12: 31

T. CLINE SEP 25 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 21, 2008

DAVID WINKER 312 MINORCA AVENUE CORAL GABLES, FL 33134

SUBJECT: ZP&W LAND HOLDINGS III, LLC

Ref. Number: L05000047806

We have received your document for ZP&W LAND HOLDINGS III, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline Regulatory Specialist II Letter Number: 708A000469358EE.FLOR

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ZP+W Land Holdings III, 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:
David Winker, Esq. (Name of Person)
Zunçano Patricios & Winker, P.A. (Firm/Company)
312 Minarca Avenue (Address)
Coral bables F1 33134 (City/State and Zip Code) For further information concerning this matter, please call:
For further information concerning this matter, please call:
David W: λες at (305) 444 - 5565 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations Pivision of Corporations P.O. Box 6327 Tallahassee, Florida 32314

☐ \$55 Filing Fee & Certified Copy

Tallahassee, Florida 32301

\$25 Filing Fee

Enclosed is a check for the following amount:

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:		
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Coral Gables, Fl 33134	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	312 Minorca Avenue Coral bables, Fl 33134	
OS 13 05 3. Date of filing/registration in Florida	L05000047865	
	1. Document number	
5. (a) Registered Agent and Registered Office shown on the	^ 'od '?'	
Registered Agent:	David Winker w	
Registered Office Address:	Corel bables, Fl 3313'4	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	Registered Office address: David Winker, Esq. 312 Minorea Avenue Loral bables, Fl. ,FL. 33134	
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)		
Printed or typed name of signee)		
I hereby accept the appointment as registered agent and agentify with the provisions of all statutes relative to the proving lamiliar with and accept the obligations of my position of P.S. Or of this document is being filed to merely reflect a confirm but the limited liability company has been notified	ree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby in writing of this change.	
(Signature of Begistered Agent)		

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