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SECRETARY OF STATE STORE OF CORPORATIONS

COVER LETTER

Division of Corporations			
SUBJECT: Ronruss Mirador Holdings, L	LC		
(Name of Lin	mited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning the	nis matter to the following:		
Bonnie Hudson			
(Name of Person)			
Crescent Heights of America, Inc.			
(Firm/Company)			
2200 Biscayne Blvd.			
(Address)			
Miami, FL 33137			
(City/State and Zip Code)			
For further information concerning this matter	r, please call:		
Bonnie Hudson	at (305) 374-5700 x 7257		
(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		

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. The name of the limited	d liability company i	is: Ronruss Mirado	r Holdings, LLC	·
2. The mailing address of	the limited liability	company is : 220	0 Biscayne Blvd.	
Miami, FL 33137				·
08/05/05		L	05000077169	
3. Date of filing/registration in Florida			Document number	
5. The name of the register Florida Department of S		gistered office add	dress as shown on the re	ecords of the
·	Sharon Christenb	oury, Esq.		
		Name	_	
	2930 Biscayne Blvo			. •
	Miami, FL 33137	Address		O DIVIS
		y, State and Zip		Sion Sion
6. The name and address of the new registered agent and/or office:			SECRETARY OF SATIONS OF OF INTERIOR OF CORPORATIONS	
Sharon Christenbury, Esq.			2	
		Name	_	
<u>-</u>	2200 Biscayne Blvd		NOT 1 1)	9 8
	Florida street addre	ess (P.O. Box N O	acceptable)	9. Fe
	Miami	FL 33137		_
	City,	, State and Zip		
If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreemen	lange or changes are the registered agent beby confirmed that the lited liability compar the dimited liabil	made, the Florida will be identical. the change(s) was ny or as otherwise lity company.	a street address of the re Or, in the case of a Flo were authorized by an	egistered office orida limited affirmative vote
(Signature of a member or authorize	zed representative of a men	mber)		
Sharon Christenbury, Auth (Printed or typed name of signce)	orzied Representativ	ve		
I hereby accept the appoint comply with the provisions and I am familiar with any Chapter 608, F.S. Or July address, I hereby comfirm	ntment as registered s of all statutes relate accept the obligation is being that the limited liabi	l agent and agree live to the proper ons of my position g filed to merely will allity company has	to act in this capacity. and complete performa n as registered agent as reflect a change in the r been notified in writing	I further agree to nce of my duties, provided for in egistered office 3 of this change.
(Signature of Registered Agent)				

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