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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: 150 MIAMI ASSOCIATES Subtenant, 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:		
- Daniel Rothschild  Philadelphia Management  (Firm/Company)  123 SE 3rd Avenue Svite#456  (Address)		
Philade Ohid Managemen!		
123 SE 3rd Avenue Svite#456		
Mignificate and Zip Code)  (Address)  (City/State and Zip Code)		
For further information concerning this matter, please call:    Daniel Rothschild   1,26   596-0907     (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 & Certified Copy		

## 

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 liability company is: $150 M_{\odot}$	igmi Associates Subterant L
2. The mailing address of the limited liability company is: 12	3 SE 3rd Avenue
Suite# 456 M	Jan PL 33131
4/26/06	66000043262
	ocument number
5. The name of the registered agent and the registered office addre Florida Department of State: Daniel Rothschi	ss as shown on the records of the
Davie City, State and Zip	SIDA OF THEO
6. The name and address of the new registered agent and/or office:    Set   Name   Aven	ve svite#456
Migmi, FL 33, City, State and Zip	•
If the limited liability company is not organized under the laws of confirmed that after the change or changes are made, the Florida's and the business office of the registered agent will be identical. O liability company, it is hereby confirmed that the change(s) was/w of the members of the limited liability company or as otherwise p or the operating agreement of the limited liability company.  (Signature of a member or authorized representative of a member)	treet address of the registered office r, in the case of a Florida limited ere authorized by an affirmative vote
(Printed or typed name of signee)  I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the proper an and I am familiar with and accept the obligations of my position a Chapter 508, F.S. Or, if this document is being filed to merely refaddress, Thereby applicant that the limited liability company has be	act in this capacity. I further agree to d complete performance of my duties, is registered agent as provided for in lect a change in the registered office een notified in writing of this change.

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

(Signature

Registered Agent)