L07000108433

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	•
	A. L	UNT
	DEC 1	3 2009

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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FILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 12, 2009

1754 LLC C/O CARLISLE DEVELOPMENT GROUP 2950 SW 27 AVE STE 200 MIAMI, FL 33133

SUBJECT: 1754 LLC

Ref. Number: L07000108433

Our records indicate the registered agent for the above named limited liability company resigned on October 28, 2009 and that the limited liability company currently does not have a registered agent designated.

Chapter 608, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a limited liability company for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named limited liability company 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). Each one of these filings must be submitted with the appropriate filing fee.

If you should need any further information, please contact our office at (850) 245-6050.

Teresa Brown
Regulatory Specialist II
Division of Corporations

Letter Number: 209A00035325

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 1754 LLC Name of Limited	l Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Matthew 5 Green Name of Person	SECRE TALLAH	
Carlisle Development Gr Firm/Company	<u>pup</u>	
2950 SW 27 Ave #200	<u></u> e. <u></u>	
Miami, FL 33133 City/State and Zip Code		
PLOPEZ Q+the CARISSE E-mail address: (to be used for future annual report notification	600UP. COM	
For further information concerning this matter, plea	ise call:	
Raul Lopez at (305) 357-4748 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	

INHS18 (5/08)

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: 1754	1 LLC
2. (a) Principal office address of limited liability compar	y: <u>2950 SW 27AUE #</u> 200
(Note: MUST BE STREET ADDRESS)	Miami, FL 33133
(b) Mailing address of limited liability company:	2950 SW 27 Auc # 200
(Note: MAY BE POST OFFICE BOX)	Miami, FL 33133
10/22/2007	407000108433
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	CFRA, LLC
Registered Office Address:	4221 W. Bay Scout BLUD
	TAMPA, FL 33607
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	MATTHEW S 6 rect
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2950 SW 27Ave #200 MIAMI, FL 33/33
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change (of the members of the limited liability company or as other or the operation 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 comply with the provisions of all statutes relative to the provisions.	Florida street address of the registered office attical. Or, in the case of a Florida limited so, was/were authorized by an attirmative vote erwise provided in the articles of off gangation by. SERVOLSTATE STATE STAT
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my p Chapter 1885. Or if this document is being filed to maddress, thereby confirm that the limited liability companions of Registered Agent	osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00