

LU8U00016238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

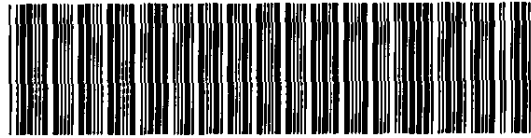
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EXAMINER



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05/29/12--01031--019 **25.00

12 MAY 29 PM 3:52



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 14901 NW 7 Ave 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:

18 MAY 29 PM 3:52
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Robert Bailey
Name of Person

Firm/Company

401 E Las Olas Blvd Suite 130-521
Address

Ft Lauderdale, FL 33301
City/State and Zip Code

goodearthpropman@earthlink.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Bailey at (954) 463-9099
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. Name of the limited liability company: 14901 NW 7 Ave LLC

2. (a) Principal office address of limited liability company: 401 East Las Olas Blvd.

(Note: **MUST BE STREET ADDRESS**)

Suite 130-521
Ft Lauderdale, FL 33301

(b) Mailing address of limited liability company: 401 East Las Olas Blvd

(Note: **MAY BE POST OFFICE BOX**)

Suite 130-521
Ft Lauderdale, FL 33301

2/13/08
3. Date of filing/registration in Florida

LO8000016238
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Robert Bailey

Registered Office Address:

14831 NW 7 Ave
Miami, FL 33160

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Robert Bailey

NEW Registered Office Address:
(**MUST BE FLORIDA STREET ADDRESS**)

401 East Las Olas Blvd
Suite 130-521
Ft Lauderdale, FL 33301

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]
Signature of a member or authorized representative of a member

Robert Bailey

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00