## 11000024318

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**EXAMINER** 



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## **COVER LETTER**

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:  HARVEY H. HARLING  Name of Person  LAW OFFICES OF HARVEY H. HARLING  Firm/Company  2000 GLADES ROAD - SUITE 110  Address
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:  HARVEY H. HARLING  Name of Person  LAW OFFICES OF HARVEY H. HARLING  Firm/Company  2000 GLADES ROAD - SUITE 110
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:  HARVEY H. HARLING  Name of Person  LAW OFFICES OF HARVEY H. HARLING  Firm/Company  2000 GLADES ROAD - SUITE 110
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  HARVEY H. HARLING  Name of Person  LAW OFFICES OF HARVEY H. HARLING  Firm/Company  2000 GLADES ROAD - SUITE 110
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LAW OFFICES OF HARVEY H. HARLING Firm/Company  2000 GLADES ROAD - SUITE 110
Firm/Company 2000 GLADES ROAD - SUITE 110
Firm/Company 2000 GLADES ROAD - SUITE 110
2000 GLADES ROAD - SUITE 110
,
BOCA RATON, FL 33431
City/State and Zip Code
HARLINGLAW@AOL.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
HARVEY H. HARLING at ( 561 ) 544-0096
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee \$\times \\$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.

agent, or boin, in the Blace of I tortale.	
1. Name of the limited liability company:	1921, LLC
2. (a) Principal office address of limited liability company	: 1921 SW 15TH STREET - # 25
(Note: MUST BE STREET ADDRESS)	DEERFIELD BEACH, FL 33442
(b) Mailing address of limited liability company:	1921 SW 15TH STREET - # 25
(Note: MAY BE POST OFFICE BOX)	DEERFIELD BEACH, FL 33442
03/04/2010	L10000024318
.3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:
Registered Agent:	STEVEN B. GREENFIELD
Registered Office Address:	7000 W. PALMETTO PARKERD. 5 SUITE 402 BOCA RATON, FL 33433
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	
NEW Registered Agent:	HARVEY H. HARLING ST O
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2000 GLADES ROAD SUITE 110 BOCA RATON ,FL 33431
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fle and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
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 age comply with the provisions of all statutes relative to the provide and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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

Signature of Registered Agent