



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 989 MERCADO 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:

JUDY CULVER

Name of Person

CLAS INFORMATION SERVICES

Firm/Company

2020 HURLEY WAY, STE. 350

Address

SACRAMENTO, CA 95825

City/State and Zip Code

jc@clasinfo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUDY CULVER

Name of Person

at ( 800 ) 447-6237

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 605.0114, 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: 989 MERCADO, LLC

2. (a) Principal office address of limited liability company: C/O MARKET STREET REAL ESTATE PARTNERS  
7600 RED ROAD - SUITE 102  
MIAMI, FL 33143  
*(Note: MUST BE STREET ADDRESS)*

(b) Mailing address of limited liability company: C/O MARKET STREET REAL ESTATE PARTNERS  
7600 RED ROAD - SUITE 102  
MIAMI, FL 33143  
*(Note: MAY BE POST OFFICE BOX)*

09/12/2012

3. Date of filing/registration in Florida

L12000116867

4. Document number

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

Registered Agent: ECKSTEIN SCHECTER, ROSA ESQ.


Registered Office Address: 550 BILTMORE WAY, SUITE 1110  
CORAL GABLES, FL 33134

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

NEW Registered Agent: NRAI SERVICES, INC.

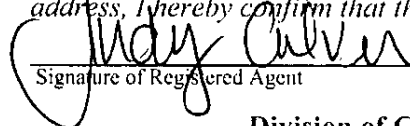
NEW Registered Office Address: 1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324  
*(MUST BE FLORIDA STREET ADDRESS)*

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 of a member or authorized representative of a member

ALLAN SERVIANSKY  
\_\_\_\_\_  
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 605, 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 of Registered Agent

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

FILING FEE: \$25.00

FILED  
2014 JUN 27 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA