

N 060000 00690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

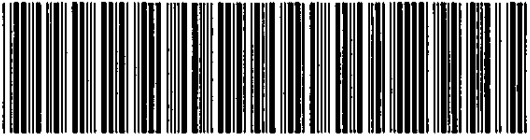
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
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RD Change  
Tew's  
10-16-08

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lorida Country Estates Property Owners Association, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N06000000690

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

URI SEGEV  
(Name of Contact Person)

Lorida Country Estates Property Owners Association, Inc.  
(Firm/Company)

3330 NE 190 St #1010  
(Address)

Aventura, FL 33180  
(City/State and Zip Code)

For further information concerning this matter, please call:

Uri Segev at ( 305 ) 244-2882  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 2, 2008

URI SEGEV  
LORIDA COUNTRY ESTATES PROPERTY OWNERS  
3330 NE 190 STREET, #1010  
AVENTURA, FL 33180

SUBJECT: LORIDA COUNTRY ESTATES PROPERTY OWNERS  
ASSOCIATION, INC.  
Ref. Number: N06000000690

We have received your document for LORIDA COUNTRY ESTATES  
PROPERTY OWNERS ASSOCIATION, INC. and check(s) totaling \$35.00.  
However, the enclosed document has not been filed and is being returned to you  
for the following reason(s):

The document must be signed by an officer or director.

Please return your document, along with a copy of this letter, within 60 days or  
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call  
(850) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 508A00052382

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SECRETARY OF STATE  
THELMA LEWIS-FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

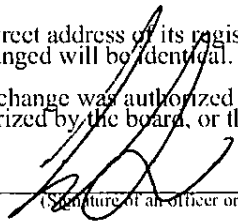
1. The name of the corporation: Lorida Country Estates Property Owners Association, Inc.
2. The principal office address: 3330 NE 190 St #1010  
Aventura, FL 33180
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: January 23, 2006 Document number: N06000000690
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

ILAN MARKOVITZ  
2999 NE 191 St Suite 905  
Aventura, FL 33180

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
ILAN MARKOVITZ  
21161 NE 22nd Ct  
(P.O. Box NOT acceptable)  
North Miami, FL 33180

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**SECRETARY OF STATE**

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.  
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 Uri Segév, Director  
(Signature of an officer or director) (Printed or typed name and title)

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

\_\_\_\_\_  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:  
\_\_\_\_\_  
(Typed or Printed Name)

**\*\*\* FILING FEE: \$35.00 \*\*\***