

LD6000094371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

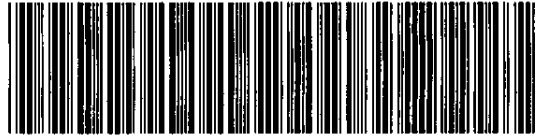
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700162671257

11/16/09--010

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 NOV 16 PM 1:27

FILED

M. THOMAS

NOV 17 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Commercial Property Analysts, 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:

Joseph Boan  
Name of Person

Commercial Property Analysts, LLC  
Firm/Company

3220 North Flagler Drive  
Address

West Palm Beach, FL 33407  
City/State and Zip Code

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

For further information concerning this matter, please call:

Joseph Boan  
Name of Person

at ( 561 ) 371 1772  
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

**FILED**  
2009 NOV 16 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Commercial Property Analysts, LLC

2. (a) Principal office address of limited liability company: 3220 North Flagler Drive



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

West Palm Beach, FL 33407

(b) Mailing address of limited liability company: \_\_\_\_\_



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

2006  
3. Date of filing/registration in Florida

L06000094371  
4. Document number

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

Registered Agent:

Leslie Evans

Registered Office Address:

214 Brazilian Avenue  
Palm Beach, FL 33480

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

**NEW Registered Agent:**

Jeffrey Berin, P.A.

**NEW Registered Office Address:**

1110 North Olive Avenue

**(MUST BE FLORIDA STREET ADDRESS)**

West Palm Beach, FL 33401

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

Joseph Boan, Member  
Printed or typed name of signer

*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.*

Jeffrey F Berin P.A. by Jeffrey Berin 1110 North Olive Ave, WPB FL 33401  
Signature of Registered Agent

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

**FILING FEE: \$25.00**