## L04000045187

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Cashiosa Zhany Hamo)                   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
|   |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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Office Use Only



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## **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |             |
|--|---|-------------|
|  | FIREET PROPERTY, LLC.   | -           |
| Dear Sir or Madam:   |   |             |
| The enclosed Registered Agent/Registered Office  | ce Change and fee(s) are submitted for filing.  |             |
| Please return all correspondence concerning thi  | s matter to the following:  |             |
| TOE ARERREH Name of Person   |   |             |
| 1000 NW 54 STREET 1  | PROPERTY, LLC.  |             |
| PO BOX 370337  |   |             |
| Address  MIAMU F1 33 37  City/State and Zip Code   |   | 2813 AUG 28 |
|  |   |             |
| E-mail address: (to be used for future annual report notif   | fication)   | ş: ↓2       |
| For further information concerning this matter,  | please call:  |             |
| TOE ACEPREH  Name of Person  | at (954) 263 8211 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 |             |

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

## 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. Nar  | ne of the limited liability company:  | 1000   | NW 54 STREET PROPERTY, LLC.   |
|---|---|--|---|
| 2. (a)  | Principal office address of limited liab<br>(Note: MUST BE STREET ADDRE   | ility comp<br><u>SS</u> )                                      | pany: 1835 E Hallandale Boh Blvd<br>Hallandale FL 33009   |
| (b)   | Mailing address of limited liability cor  |  | PO Box 370337<br>M'ami, FL 3337   |
|   | 06/14/2004  |  | 10400045187   |
| 3. Dat  | e of filing/registration in Florida   |  | Document number   |
| 5. (a)  | Registered Agent and Registered Office  | ce shown   | on the records of the Florida Dept. of State:   |
|   | Registered Agent:   |  | Henry Lorden  |
|   | Registered Office Address:  |  | 70 Box 370337   |
|   |   |  | Miami, FL 33137   |
| (b)   | Enter name of NEW Registered Agen   | <u>ıt</u> and/or ]   | NEW Registered Office address:  |
|   | NEW Registered Agent:   |  | JOE KREPREH   |
|   | NEW Registered Office Address: (MUST BE FLORIDA STREET AD)  | DRESS)   | 1835 € Hallandale Bdi Blud<br>Hallandale FL 33009   |
| confirmand the liabilit the me the ope          | med that after the change or changes are business office of the registered agent y company, it is hereby confirmed that imbers of the limited liability company erating agreement of the limited liability. | e made, the will be identified the change or as other y compan | the laws of the State of Florida, it is hereby he Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote of erwise provided in the articles of organization or ny. |
| Signatur  | e of a member or authorized representative of a mem<br>OF ARE PREH  | ider   |   |
| I here<br>comply<br>and I a<br>Chapte<br>addres | e of Registered Agent   |  | nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in o merely reflect a change in the registered office pany has been notified in writing of this change. |
|   | <ul> <li>Division of Corporations,</li> </ul>   | r.U. B0  | x 6327, Tallahassee, FL 32314   |

**FILING FEE: \$25.00** 

INHS18 (05/08)