L05000031038

(Requestor's Name)		
(/	Address)	
(<i>f</i>	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐ MAIL	
(6	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
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COVER LETTER

Division of Corporations	
SUBJECT: Anmer Management	LLC
Name of Limited Diabi	Hity Company
Dear Sir or Madam:	かり。 から 変化
The enclosed Registered Agent/Registered Office Change and fee	e(s) are submitted for filing.
Please return all correspondence concerning this matter to the following	lowing:
Leslie Frentes	
Name of Person	
Firm/Company	
Time Company	
5910 SW 84 ST	1
Address	
Mianu, FL 33143 City/State and Zip Code	,
Chystate and hip code	
E-mail address: (to be used for future annual report notifica	tion)
For further information concerning this matter, please call:	
Claudia Savers 305	(12)
	Y CG - 29 G O Area Code & Daytime Telephone Number
Registration Section Regis	LING ADDRESS: tration Section ion of Corporations
Clifton Building P.O. I	Box 6327 hassee, Florida 32314
Enclosed is a check for the following amount:	•
□ \$25 Filing Fee □ \$55 :	Filing Fee & Certified Copy
INHS18 (2/14)	



July 31, 2014

ANMER MANAGEMENT, LLC 55 MERRICK WAY STE. 214 CORAL GABLES, FL 33134

SUBJECT: ANMER MANAGEMENT, LLC

Ref. Number: L05000031038

We have received your document for ANMER MANAGEMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 914A00016465

RECEIVED

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. 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.

1107144	
1. Name of the limited liability company: Anmor M	anagement of LC
	b)
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
55 Merrick War	
Suite 214	Samo
Coral Gables, FL 33134	
03/29/05	L05000031038
3. Date of filing/registration in Florida 4.	Document number
5. (a) CFRA, LLC	
Registered Agent and Registered Office shown on the records of the Florid	la Dept. of State:
Registered Office Address [NOS ASNLLY Dr., Sutternation of New Registered Office and Superior of New Registered Office Address: [NEW Registered Office Address:]	e 400 3602 FILL
Mani 11.331	143
If the limited liability company is not organized under the laws of the the change or changes are made, the Florida street address of the reg agent will be identical. Or, in the case of a Florida limited liability of was/were authorized by an affirmative vote of the members of the limited the articles of organization or the operating agreement of the limited. Signature of a member or authorized representative of a member. I hereby accept the appointment as registered agent and agree to accept the obligations of my position as registered agent as provided for in to merely reflect a change in the registered office address, I hereby anotified in writing of this change.	istered office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in liability company. Printed or typed name of signee cet in this capacity. I further agree to comply with the
Signature of Registered Agent	: <u> </u>

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