14000095085

7

(Req	uestor's Name)				
(Add	ress)				
(Add	ress)				
(City/	/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Busi	iness Entity Nar	ne)			
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Fi	ling Officer:				
·					
·					

Office Use Only



900263477259

09/22/14--01044--012 **25.00

THE SEP 22 PH 12: 59

RAIRO Ch8

COVER LETTER

TO:

Registration Section

Divis	ion of Corporations					
SUBJECT:	11401 NW LLC					
SCOULCT.	Name of Limited Liability Company					
Dear Sir or M	ladam:					
The enclosed	Registered Agent/Registered Off	fice Change	and fe	e(s) are submitted for filing.		
Please return	all correspondence concerning th	is matter to	the fo	llowing:		
1	lan Davida Francisco					
Lawrence	Jay Davis, Esquire			-		
	Name of Person					
Lawrence .	Jay Davis, P.A.					
	Firm/Company			•		
1601 North	Flamingo Road, Suite 1					
	Address					
Pembroke	Pines, Florida 33028					
	City/State and Zip Code					
E-mail a	address: (to be used for future ann	nual report r	otifica	ition)		
For further in	formation concerning this matter	, please call	:			
Lawrence J	lay Davis, Esquire	954 at (437-3444		
	Name of Person		,	Area Code & Daytime Telephone Number		
Regis Divis Clifto 2661	tration Section ion of Corporations in Building Executive Center Circle hassee, Florida 32301		Regis Divis P.O. 1	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314		
Enclo	osed is a check for the following	amount:				
☑ \$2:	5 Filing Fee		\$55	Filing Fee & Certified Copy		
INHS18 (2/14)						

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.

1. N	Tame of the limited liability company: 11401 NWLL	.C			
2. (a)	147-54 B 71st Road	(b)	same		
(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(3)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Flushing, New York 11367	_			
	06-13-2014		_140000	095085	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a				<u></u>	
	Registered Agent and Registered Office shown on the records of 164-65 Collins Avenue	the Florida	Dept. of Sta	ite:	
	Registered Office Address [MUST BE FLORIDA STREET] PH 24	ADDRESS)			
	Miami Beach, FI	33160			
(1-)	NOAM SVILEM			14 SEP 22	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	i Office add	resa:	_	_
			·		3.4
	11401 Northwest 43rd Street			- EF	<u> </u>
	NEW Registered Office Address:			PH 12: 59	10000
	Coral Springs , FI	_33065			
the ch agent was/v the ar	limited liability company is not organized under the la lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the regis iability con of the limi e limited li	tered offic mpany, it ted liabili	ce and the business office of the register is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. EM	
Sign	ature of a member or authorized representative of a member	· · · · ·		Printed or typed name of signee	
provis the ob to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in refiting of this change.	ree to act e performa ed for in C hereby co	in this cap nce of my hapter 60 nfirm that	pacity. I further agree to comply with t duties, and I am familiar with and acc 15, F.S. Or, if this document is being fil t the limited liability company has been	he ept ed
Signat	ure of Registered Agent				

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