

L13000.153701

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(Address)

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(Business Entity Name)

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15 MAR 19 AM 11:19

MAR 20 2015
T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E.D.C. REAL ESTATE, 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:

MARA R. ISSA
Name of Person

Firm/Company

602 SPINNAKER
Address

WESTON, FL 33326
City/State and Zip Code

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

For further information concerning this matter, please call:

MARA R. ISSA at (631) 742-5240
Name of Person 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2015

MARA R ISSA
602 S PINNAKER
WESTON, FL 33326 US

SUBJECT: E.D.C. REAL ESTATE, LLC
Ref. Number: L13000153701

We have received your document for E.D.C. REAL ESTATE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPROATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Tina D Carter
Regulatory Specialist

Letter Number: 715A00004878

Please advise if I would be getting the
\$10. credit back. Thank you! Mara.

MAR 19 AM 11:00

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. Name of the limited liability company: E.D.C. REAL ESTATE, LLC

2. (a) 2320 HOLLYWOOD BLVD (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)

HOLLYWOOD, FL 33020

3. 4/2/14
Date of filing/registration in Florida

4. L13000153701
Document number

5. (a) MARMIKE PROPERTY MANAGEMENT

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2320 HOLLYWOOD BLVD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

HOLLYWOOD, FL 33020

(b) MARA D. ISSA

Enter name of NEW Registered Agent and/or NEW Registered Office address:

602 SPINNAKER

NEW Registered Office Address:

WESTON

WESTON, FL 33326

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

SABAROSE ANTONIO

Printed or typed name of signee

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 605, 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.

Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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