

AD50000001679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

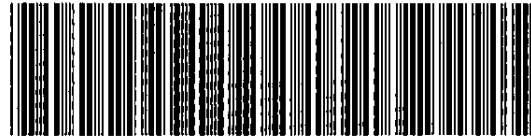
Special Instructions to Filing Officer:

L. SELLERS

NOV 22 2010

EXAMINER

Office Use Only



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10/12/10--01051--019 **25.00

11/15/10--01012--003 **10.00

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10 NOV 19 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REAL PROPERTY ONE, LTD.
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:

BASSAM MOURAD

Name of Person

Firm/Company

13290 NW 45 AVENUE

Address

OPA LOCKA, FL 33054

City/State and Zip Code

sam@mourad1.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BASSAM MOURAD

Name of Person

at (305)

594-9577

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

October 13, 2010

BASSAM MOURAD
13290 NW 45 AVENUE
OPA LOCKA, FL 33054

SUBJECT: REAL PROPERTY ONE, LTD.
Ref. Number: A05000001679

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

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

There is a balance due of \$.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 710A00024297

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REAL PROPERTY ONE, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A05000001679

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

BASSAM MOURAD

Contact Person

Firm/Company

520 ENCLAVE CIR WEST

Address

PEMBROKE PINES, FL 33027

City, State and Zip Code

sam@mourad1.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BASSAM MOURAD

Name of Contact Person

at (305) 594-9577

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. REAL PROPERTY ONE, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 08/31/2005 3. A05000001679
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

LAW OFFICES OF EDUARDO L. HERNANDEZ

Name

306 ALCAZAR AVENUE, SUITE 203

Address

CORAL GABLES, FL 33134

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

BASSAM MOURAD

Name

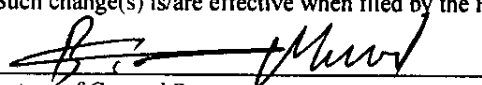
520 ENCLAVE CIR WEST

Florida street address (P.O. Box not acceptable)

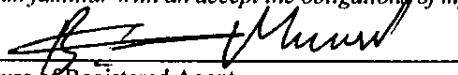
PEMBROKE PINES FL 33027

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

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.


Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

FILED
10 NOV 19 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA