## AAAOAS

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
JUL <b>2</b> 7 2011
EXAMINER

300237192373

07/11/12--01015--013 \*\*385.00

07/27/12--01017--012 \*\*10.00



Office Use Only



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 12, 2012

CAROL OGDEN 3250 MARY ST. STE 306 MIAMI, FL 33133

SUBJECT: THE FALLS PROPERTIES I, LTD.

Ref. Number: A22025

We have received your document for THE FALLS PROPERTIES I, LTD and your check(s) totaling \$385.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions 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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 412A00018698

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: The Falls Properties I 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:
Carol Oder Name of Person
Firm/Company
3250 Mary St., Ste 306
Miami, FC 33133 City/State and Zip Code
Carologden & Hustyles vour. (on E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Ourol Odden at (305) 447-1307  Name of Person at (305) 447-1307  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 \$\infty\$ \$55 Filing Fee & Certified Copy

## 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.

. The Falls Properties I, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 2 11 1480  Date of filing/registration in Florida  3. 4 22025  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:
Alan W. Levine Esq.
1110 Brickell Ave, The Floor
Miami, FL 33/3/ City, State and Zip
5. The name and Florida street address of the new registered agent and/or office:  Name  Name
3250 Mary St. Ste 306 Florida street address (P.O. Box not acceptable)
MigMI FL FL 33/33  City, State and Zip
6. Such change(s) is are effective when filed by the Florida Department of State.
Signature of General Partner
l 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 an accept the obligations of my position as registered agent.
Cauloedon
Signature of Registered Agent

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50