L0000000 1756

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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G GOLDEN FEB - 5 2020

COVER LETTER

Registration Section

TO:

Division of Corporations				
Silverlane Realty, LLC				
	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this m	atter to the following:			
Robert G. Breier				
Name of Person				
Breier and Seif, P.A.				
Firm/Company				
18851 NE 29th Avenue, Suite 405				
Address				
Aventura, FL 33180				
City/State and Zip Code				
E-mail address: (to be used for future annual	report notification)			
For further information concerning this matter, plea	ase call:			
Maria L. Williamson	305 935-0507			
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 am	ount:			
☐ \$25 Filing Fee	☐ \$55 Fifing Fee & Certified Copy			
INHS18 (2/14)				

BREIER and SEIF, P.A.

18851 NE 29th AVENUE, SUITE 405 AVENTURA, FLORIDA 33180 PHONE 305-935-0507 • FAX 305-935-0608

ROBERT G. BREIER EVAN D. SEIF

January 29, 2020

Florida Department of State Division of Corporations Ms. Claretha Golden P.O. Box 6327 Tallahassee, FL 32314

Re: Completed Forms - Change of Address - Registered Agent

Dear Ms. Golden:

Enclosed are the various forms that have been correct and completed for your review.

Sincerely,

Maria L. Williamson Legal Assistant

/mlw

Enclosures

7070FE8 -3 AMII: 02



January 15, 2020

ROBERT G. BREIER 18851 NE 29TH AVENUE SUITE 405 AVENTURA, FL 33180

SUBJECT: SILVERLANE REALTY, LLC

Ref. Number: L0000001756

We have received your document and check(s) totaling \$225.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please complete the entire form.

The entity's date of incorporation/organization must be listed in the document.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Letter Number: 820A00001194

Claretha Golden Regulatory Specialist II

www.sunbiz.org

DOLLAR BOOK ON THE STATE OF THE

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.

. Nan	ne of the limited liability company:	ealty, LLC 		
!. (a) ²⁰	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	L 3313(4) 2	136) 2801 NE 208th Terr, Ste 102, Aventura, Mailing address of limited liability company: 33 (Note: MAY BE POST OFFICE BON)	
_	02/16/2000		L00000001756	
	Date of filing/registration in Florida	4.	Document number	
. (a) _	Robert G. Breier		<u>. </u>	
E	Registered Agent and Registered Office shown on the records of	f the Florida De	pt, of State:	7f
	Robert G. Breier			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		1673 Etc.
	2800 Ponce De Leon Blvd., Suite 1125		<u> </u>	ů w
	Coral_GablesF	ı. <u>33134</u>		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> Robert G. Breier			
	NEW Registered Office Address:	,		
	18851 NE 29th Avenue, Suite 405			
	Aventura	_L 33180		
ie char gent w vas/wer	nited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members les of organization or the operating agreement of the	ws of the Sta of the register liability comp of the limite	ed office and the business offi nany, it is hereby confirmed tha d liability company or as other	ce of the registered at the change(s)
Signatu	tre of a member or authorized representative of a member		Printed or typed name of	signee
rovisio he oblig o merci	w accept the appointment as registered agent and agent of all statutes relative to the proper and complete gations of my position as registered agent as providely freflect a change in the registered office address, if a writing of this change.	gree to act in e performand led for in Cha I hereby conf	this capacity. I further agree re of my duties, and I am famil, pter 605, F.S. Or, if this docu irm that the limited liability co	to comply with the iar with and accept ment is being filed impany has been
Sionatur	of Registered Agent			