

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 16 PM 12:06

**DEZER PROPERTIES**  
**18001 Collins Avenue – 31<sup>ST</sup> Floor**  
**Sunny Isles Beach, Florida 33160**  
**Phone: (305) 932-1000**  
**Fax: (305) 936-9908**

BERNARD R. Diamond  
Executive Vice President  
and Senior Counsel

September 15, 2009

*By Federal Express*

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

Re: Nirvana Spa, LLC

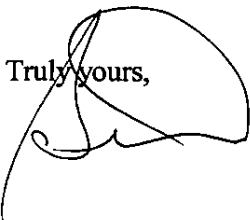
Dear Sir or Madam:

Enclosed please find your form cover letter and its attached Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company.

I also enclosed a check in the amount of \$25.00 as your registration fee.

Please contact the undersigned with any questions or comments you may have regarding the enclosures.

Truly yours,



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NIRVANA SPA, 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:

NEOMI DEZER

Name of Person

NIRVANA SPA, LLC

Firm/Company

18001 COLLINS AVENUE

Address

SUNNY ISLES BEACH, FL. 33160

City/State and Zip Code

neomi@the dezer family.com

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

For further information concerning this matter, please call:

BERNARD DIAMOND

Name of Person

at ( 305 ) 932-1000 x 219

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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, 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: NIRVANA SPA, LLC  
2. (a) Principal office address of limited liability company: 18001 COLLINS AVENUE  
☒ (Note: **MUST BE STREET ADDRESS**) SUNNY ISLES BEACH, FL. 33160

(b) Mailing address of limited liability company:  
☐ (Note: **MAY BE POST OFFICE BOX**)

6/06/2000  
3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Registered Office Address:

SEMONG ZAMYAT, N

8701 COLLINS AVENUE

MIAMI BEACH, FL 33141

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

WARREN STAMM

18001 COLLINS AVENUE

SUNNY ISLES BEACH

FL 33160

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

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 608, 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