

L010000002490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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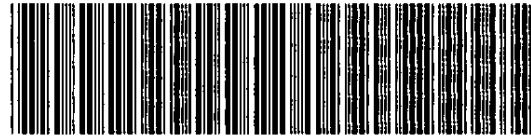
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. BRYAN
AUG -9 2010
EXAMINER

LAW OFFICES
JOHN P. WILKES

Professional Association
SUITE 101A

901 SOUTH FEDERAL HIGHWAY
FORT LAUDERDALE, FLORIDA 33316
EMAIL: JWILKES@JPWPA.COM

TELEPHONE: (954) 467-9200

FACSIMILE: (954) 467-6508

August 4, 2010

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

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TALLAHASSEE, FLORIDA

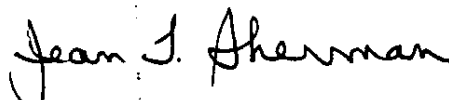
Re: Filing of Statement of Change of Registered Agent
Foxcroft Realty Investment, LLC
Document No. L01000002490

Dear Sirs/Madams:

Enclosed please find the Cover Letter, Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company, and this firm's check in the amount of \$25.00 as the fee for changing said registered agent.

If you have any questions regarding the foregoing, please do not hesitate to contact me.

Sincerely,


JEAN T. SHERMAN
Paralegal

/jts
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Foxcroft Realty Investment, 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:

Joseph Elkind, Manager

Name of Person

Foxcroft Realty Investment, LLC

Firm/Company

3080 N.E. 39th Street

Address

Fort Lauderdale, FL 33308

City/State and Zip Code

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

For further information concerning this matter, please call:

John P. Wilkes, Esquire

Name of Person

at (954)

467-9200

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

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TALLAHASSEE, FLORIDA

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: Foxcroft Realty Investment, LLC

2. (a) Principal office address of limited liability company: 3080 N.E. 39th Street

☐ (Note: **MUST BE STREET ADDRESS**) Fort Lauderdale, FL 33308

(b) Mailing address of limited liability company: _____

☐ (Note: **MAY BE POST OFFICE BOX**) _____

February 16, 2001
3. Date of filing/registration in Florida

L01000002490
4. Document number

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

Registered Agent: Edward Dinna, Esquire

Registered Office Address: 719 Intracoastal Drive
Fort Lauderdale, FL 33304

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

NEW Registered Agent: John P. Wilkes, Esquire

NEW Registered Office Address: 901 South Federal Highway
Suite 101A
(MUST BE FLORIDA STREET ADDRESS) Fort Lauderdale, FL 33316

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.

Joseph Elkind
Signature of a member or authorized representative of a member

Joseph Elkind, Manager

Printed or typed name of signer

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.

Joseph Elkind
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00