## 1\_02000009968

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certific	cates of Status				
Special Instructions to Filing Officer:					





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07/16/18--01008--001 \*\*25.00

18 AUG - 7 PM 3: 43 SECRETARY OF STATE ALLAHASSEE, FLORIDA

THE 2018



July 21, 2018

ANATEA SCHWARTZ 102 NE 2ND ST, #242 BOCA RATON, FL 33432

SUBJECT: POST TIME PROPERTIES, L.L.C.

Ref. Number: L02000009968

We have received your document for POST TIME PROPERTIES, L.L.C. 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 registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 818A00015022

Octavia L Simmons Regulatory Specialist III

(1)

Signed - Thank You.

www.sunbiz.org

## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJI	Post Time Properties, L.L.C						
	Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	iclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.					
Please	return all correspondence concerning th	is matter to the following:					
Anate	ea Schwartz						
	Name of Person						
Rubir	n Group Management, LLC						
	Firm/Company						
102 N	NE 2nd Street #242						
	Address						
Boca	Raton, FL 33432						
	City/State and Zip Code						
RGM	client@gmail.com						
	E-mail address: (to be used for future and	mal report notification)					
For fu	rther information concerning this matter,	please call:					
Anate	ea Schwartz	954 483-5412					
	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 amount:						
	4 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

INHS18 (2/14)

## 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.

1. Name of the limited liability company:  Post Time Properties, L.L.C					
2. (a)	c/o Rubin Group Management	(1	(b) c/o Rubin Group Management		
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(	· ———	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	102 NE 2nd St. #242		102 NE	2nd St. #242	
	Boca Raton, FL 33432		Boca Ra	aton, FL 33432	
	4/25/2002		L020000	09968	
3.	Date of filing/registration in Florida	<b>—</b> 4.		Document number	
5. (a)	Florida Prime Management				
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
		<u></u>		_	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	900 NW 6th St. Suite 201	·		_	
	Fort Lauderdale	<sub>L</sub> 33311		5.62 <b>6</b>	
(b)	Rubin Group Management LLC			E ALL	
Enter name of NEW Registered Agent and/or NEW Registered Office address:					
				P P P	
	NEW Registered Office Address:		, <u>-</u>	S. 13	
	102 NE 2nd St. #242			ت ت ت	
				_	
	Boca Raton, I	<sub>FL</sub> 33432		_	
the chagent was/w the art	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the district of a member or authorized representative of a member about the appointment as registered agent and completely accept the appointment as registered agent as provided in writing of this change.	of the reg liability of s of the lin he limited Mo	istered offic company, it i nited liabilit liability con ordechai Is	re and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.  Sraeli  Printed or typed name of signee	

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

Signature of Registered Agent