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FILED



· GENAUER & ASSOCIATES, P.A.

9400 South Dadeland Boulevard Suite 600 Miami, Florida 33156 Telephone: (786)363-4001 Facsimile: (305)670-6152

Martin J. Genauer mjg@genauerlaw.com

Brad K. Saunders bks@genauerlaw.com

June 18, 2007

Florida Department of State Division of Corporations 2661 Executive Center Circle West Tallahassee, Florida 32301

Re:

Newcomers Properties, LLC

L02000011511

Ladies and Gentlemen:

On behalf of the above-named company, enclosed is a Statement of Charge of Registered Office or Registered Agent or Both and a check in the amount of \$25.00, representing the requisite filing fee for same.

Please confirm this change at your earliest convenience and provide the undersigned with a stamped copy of the filing in the prepaid envelope provided for your ease of return.

Sincerely

Legal Assistant

Thank you for your attention to this matter.

:lk

Enclosure

COVER LETTER

Division of Corporations	
SUBJECT: Newcomers Properties, LLC (Name of Limited)	d Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office O	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
-	
Linda C. Kerr	
(Name of Person)	
Genauer & Associates, P.A.	Z S
(Firm/Company)	ECRE
9400 South Dadeland Blvd., Suite 600	FILED 2001 JUN 25 P 4: 25 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Miami, FL 33156	U 4: 25
(City/State and Zip Code)	
For further information concerning this matter, ple	ase call:
Linda C. Kerr at (786 363-4001
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301 Finaloged is a check for the following amounts of the following amount of the following amounts of the following amoun	oun t .
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. The name of the limite	ed liability company is:	Newcom	ers Properties, L	LC	
2. The mailing address of	f the limited liability co	ompany is :	3817 NE 2nd A	venue,	· · · · · · · · · · · · · · · · · · ·
Miami, FL 33137					
May 10, 2002			L02000011511		
3. Date of filing/registrat	ion in Florida		4. Document nun	nber	
5. The name of the register Florida Department of	ered agent and the regis State:	stered office	address as shown o	on the records of	the
	Alhambra Re	egistered <i>A</i> Name	gent, Inc.		
	2 Alhambra	a Plaza, Su Address	ite 1202		
	Coral Ga	ables, FL 3 State and Z	33134 ip	7	
6. The name and address	of the new registered ag	gent and/or	office:	2001 JUN 25 SECRETARY (ALLAHASSEE	
	GenLaw Re	gister Age	nts, Inc.	JUN ETA HAS	
		Name		25 SEY	_
	9400 South Dad			٠ ي	m
	Florida street address	s (P.O. Box	NOT acceptable)	P 4: F STA FLOR	D
	Miami	FL	33156	25 IDA	
	City, S	tate and Zip			
If the limited liability comconfirmed that after the cland the business office of liability company, it is he of the members of the limit or the operating agreement. (Signature of a member or author)	hange or changes are me the registered agent with reby confirmed that the plied liability company to the limited liability	ade, the Flo ill be identic change(s) v or as otherv company.	rida street address o	of the registered	office ted
Christian De Maziere	S.				
(Printed or typed name of signee)					
1100	intment as registered as sof all statutes relatives described accept the obligations his document is being function that the limited liability	gent and agree to the propers of my positive for the propers of th	ree to act in this cap er and complete pe ion as registered a ly reflect a change ias been notified in	pacity. I further rformance of my gent as provided in the registered writing of this c	agree to duties, for in office hange.
(Signature of Registered Agent)					

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