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SECRETARY OF STATE
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: First Realty of Miami, LLC (Name of L	imited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning t	this matter to the following:		
Bruce Nachman			
(Name of Person)			
(Firm/Company)			
8501 SW 87 Terrace	and the second s		
(Address)			
Miami, Florida 33143			
(City/State and Zip Code)			
For further information concerning this matte	er, please call:		
Bruce Nachman	at (305) 491-0119		
(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	g 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 limi	ted liability compa	nv is: First Realty o	f Miami, LLC		
2. The mailing address		-		Suite 204.	
Coral Gables, FL 33134	of the fillited habi	nty company is . <u>-</u>			
Coral Gables, 1 L 33 134					
		L03000018545	<u> </u>		
3. Date of filing/registra	ation in Florida		4. Document num	ber	
5. The name of the regis Florida Department o		e registered office	address as shown o	n the records of	fthe
•	Bruce Nachma	an			
	0500 014 00 04	Name			
	8500 SW 92 St	Address			
	Miami, FL 3315				
	1411amil, 1 L 3313	City, State and Zi	p	至2	
6. The name and address of the new registered agent and/or office:			2007 OCT 22 SECRETARY TALLAHASSE		
	s of the new region	orea agent anarer e		HA TI TI	
	Bruce Nachma	n		22 VRY SSE	- [
	OO Alexania Assa	Name			
	90 Almeria Aver	··	NOT (11)	E= (O)	(manage)
	Florida street a	ddress (P.O. Box I	NOT acceptable)	I: II TATE ORIDA	
	Miami	FL 3315	6	To the second se	
	(City, State and Zip			
If the limited liability of confirmed that after the and the business office of liability company, it is hof the members of the lor the operating agreem (Signature of a member or alth	change or changes of the registered agnereby confirmed the imited liability content of the limited liability.	are made, the Florent will be identicated the change(s) was a softerwallity company.	rida street address of al. Or, in the case of vas/were authorized	of the registered of a Florida lim I by an affirmat	l office ited ive vote
Gigi A. Nachman					
(Printed or typed name of signe	ce)				
I hereby accept the app comply with the provision and I am familiar with a Chapter 648, F.S. Or, i address, Thereby confir	ons of all statules rund accept the oblight in this document is light that the limited light.	ered agent and agr elative to the prop gations of my posit being filed to mere liability company h	ee to act in this caper and complete pe ion as registered a ly reflect a change as been notified in	pacity. I furthen rformance of m gent as provide in the registere writing of this	r agree to ly duties, ld for in d office change.
(Signature of Registered Agent	<u> </u>	_			

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