L03000030428

(Requestor's Name)					
(Address)					
· (Address)					
(City/State/Zip/Phone #)					
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(Business Entity Name)					
(Eddinoso Emily Numo)					
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TALL AHASSEE ELORIDA

J. BRYAN

AUG 19 2010

EXAMINER

COVER LETTER

Division of Corp	orations				
SUBJECT:	Beac	h Haver	n Cottage	s, LLC	
			iability Con		
Dear Sir or Madam:					
_ • • • • • • • • • • • • • • • • • • •					
The enclosed Registered	Agent/Registered	Office Ch	ange and fee	e(s) are submi	tted for filing.
Please return all correspondent	ondence concerning	g this matt	er to the fol	lowing:	
Abl	pey L. Kaplan				
	ame of Person				
Kluger, Kaplan, Silv	rerman, Katzen &	Levine, F	P.L		10 AUG 18 PM 2:54 SECKETAIN OF STATE TALLAHASSEE, FLORIDA
.201 S. Bisca	ayne Blvd., Suite	1700			ASS.
201 0. 0.000	Address	1100			SEE O
					四点 辛
Mia	ımi, FL 33131				97.5 OR
	tate and Zip Code				Pm +
akanlan (aklugerkanlan co	m			
<u>akaplan@</u> E-mail address: (to be use	d for future annual report	notification)			
For further information	concerning this ma	tter, please	e call:		
· Abbey L.	Kaplan	at (305)		9000
Name of Per	rson		Area Cod	le & Daytime Tele	phone Number
STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive Corpor Tallahassee, Florid	on rations enter Circle		Registration of P.O. Box 6	Corporations	1
Enclosed is a ch	eck for the follow	ing amou	nt:		
\$25 Filing Fe	e		\$55 Filin	g Fee & Certi	fied Copy

TO: Registration Section

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.

3				
1. Name of the limited liability company:	Beach Haven Cottage	es, LLC		
2. (a) Principal office address of limited liability comp	oany:			
(Note: MUST BE STREET ADDRESS)	136 Beach 144 Stree Neponsit, NY 11694	at		
(b) Mailing address of limited liability company:		PECCE TI		
(Note: MAY BE POST OFFICE BOX)	136 Beach 144 Stree Neponsit, NY 11694	Sign on the		
8/18/2003	L030000	30628 76		
3. Date of filing/registration in Florida	4. Document number	ORDER : 54		
5. (a) Registered Agent and Registered Office shown	on the records of the Florida	a Dept. of State:		
Registered Agent:	Miami Center Registe	ered Agents, LLC		
Registered Office Address:	201 S Biscayne Blvd Miami, FL 33131	201 S Biscayne Blvd, 17th Floor Miami, FL 33131		
NEW Registered Agent: NEW Registered Office Address:	Abbey L. Kaplan, Esq. 201 S Biscayne Blvd, Suite 1700			
(MÜST BE FLORIDA STREET ADDRESS)	Miami	,FL33131		
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as or the operating agreement of the limited liability company.	ne Florida street address of the	he registered office Florida limited		
Signature of a member or authorized representative of a member				
Marc Russack Printed or typed name of signee				
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capace e proper and complete perfo y position as registered agen merely reflect a change in w pany has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in the registered office iting of this change.		
Signature of Penistered A rent				