

W040000012629

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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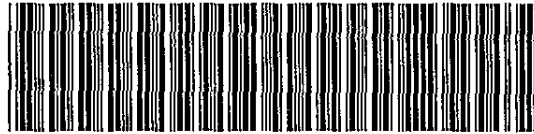
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CALL FOR MORE INFO

SACHER, MARTINI & SACHER, P.A.

ATTORNEYS AT LAW

2655 LeJeune Road, Suite 1101, Coral Gables, Florida 33134

Telephone: 305/448-3900 • Facsimile: 305/446-9206

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OF COUNSEL  
Martin E. Segal, P.A.

February 23, 2004

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: Trail & 12th, LLC  
Our File No. 9877-8

Dear Sir/Madam:

On behalf of the above-referenced limited liability company, I enclose herewith one (1) original and one (1) copy of the fully executed "Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company" form, together with our firm check in the amount of \$25.00.

Please cause the original copy of the "Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company" form to be filed among the corporate records of the State of Florida. Please return a filed stamped copy to the undersigned in the envelope provided.

Thank you for your attention to this matter.

Sincerely,



Charles P. Sacher

CPS/wh

Enclosures

cc: Ms. Barbara Rickard  
Ms. Joëlle Allen

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**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 limited liability company is: Trail & 12th, LLC
2. The mailing address of the limited liability company is: 100 S.E. Second St., Suite 2370  
Miami, FL 33131-2145

February 3, 2004

L04000012629

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Charles P. Sacher

Name

2655 LeJeune Rd., Suite 1101

Address

Coral Gables, FL 33134

City, State and Zip

6. The name and address of the new registered agent and/or office:

Joelle Allen

Name

100 S.E. Second St., Suite 2370

Florida street address (P.O. Box NOT acceptable)

Miami

FL

33131-2145

City, State and Zip

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.

Joelle Allen

(Signature of a member or authorized representative of a member)

Joelle Allen

(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.*

Joelle Allen

(Signature of Registered Agent)

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

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04 FEB 25 PM 4:35  
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