10400015206

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	•
Certified:Copies Certificates of Status	, , , , , , , , , , , , , , , , , , , ,
Special Instructions to Filing Officer:	•
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J. St. Jan.	,

G. MCLEOD

AUG 11 2009

EXAMINER



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DIVISION OF COURT A



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

July 22, 2009

JEREMY OLSHER 2200 RABBIT HOLLOWE CIR DELRAY BEACH, FL 33445

SUBJECT: MIZNER RESIDENTIAL REALTY LLC

Ref. Number: L04000015206

We have received your document for MIZNER RESIDENTIAL REALTY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please add the new registered agent in 5 (b).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6851.

Gina McLeod Regulatory Specialist II

Letter Number: 809A00025138

ନିର୍ଦ୍ଦେଶ ହେବ ହେବ ପ୍ରମାନ ଓ ଅନୁସ୍ତର ବର ପ୍ରସହର୍ଷ୍ଟ ପ୍ରକ୍ରଣ । ଓ ବିଦ୍ୟୁ ପ୍ରସ୍ତି । ଏହି ଓ ବିଦ୍ୟୁ ବିଦ୍ୟୁ କର୍ମ ପ୍ରସ୍ତର ଓ ସହରେ ପ୍ରମୁକ୍ତ ହେବ ଓ ବର୍ଷ ପ୍ରସ୍ତ ହେବ ହେବ

COVER LETTER

Division of Corporations Mizner Residential Realty LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jeremy Olsher Name of Person Mizner Residential Realty LLC Firm/Company 2200 Rabbit Hollowe Circle Address Delray Beach FL 33445 City/State and Zip Code jeremyolsher@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jeremy Olsher 561 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee \$55 Filing Fee & Certified Copy

The way

Registration Section

TO:

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. Name of the limited liability company:	Mizner Residential Realty LLC
2. (a) Principal office address of limited liability com	mpany: 2200 Rabbit Hollowe Circle
(Note: MUST BE STREET ADDRESS)	Deiray Beach FL 33445
(b) Mailing address of limited liability company:	2200 Rabbit Hollowe Circle
(Note: MAY BE POST OFFICE BOX)	Delray Beach FL 33445
2/25/2004	L04000015206
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shows	
Registered Agent:	Dax Olsher
Registered Office Address:	530 N Swinton Avenue
Registered Office Address.	Delray Beach FL 33444 ટ 그물
	0 10
(b) Enter name of NEW Registered Agent and/or	r NEW Registered Office address:
NUMBER Designation of Assessed	NEW Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address:	530 North Swinton Avenue
(MUST BE FLORIDA STREET ADDRESS)	2
	Dollay Beach ,FL 33445
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the operating agreement of the limited liability com	Officialise broaden in the articles of organization
Signature of a member or authorized representative of a member	
Jeremy Olsher	
Printed or typed name of signee	
I hereby accept the appointment as registered agent of comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of n Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability con	and agree to act in this capacity. I further agree to he proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.
Signature of Registered Agent	-
Division of Compositions D.O. De	ny 6477 Tallahassaa El 37314

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