L04000054923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

L04-54923

(Document Number)

Certified Copies _____ Certificates of Status _____

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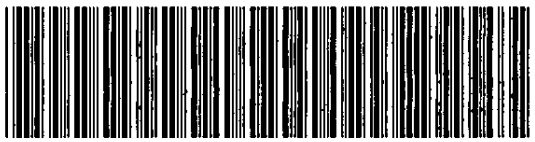

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2007 JUL 23 A 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 2, 2007

BRIAN T. CARTER
1691 MICHIGAN AVE. #210
MIAMI BEACH, FL 33139

SUBJECT: DOUGLAS ELLIMAN FLORIDA LLC
Ref. Number: L04000054923

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2007 JUL 23 A 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for DOUGLAS ELLIMAN FLORIDA LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 607A00042615

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 12, 2007

BRIAN T. CARTER
1691 MICHIGAN AVE.
#210
MIAMI BEACH, FL 33139

SUBJECT: DOUGLAS ELLIMAN FLORIDA LLC
Ref. Number: L04000054923

We have received your document for DOUGLAS ELLIMAN FLORIDA LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 207A00044465

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Douglas Elliman Florida, LLC
(Name of Corporation)

DOCUMENT NUMBER: L04000054923

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian T. Carter, P.A. Managing Broker
(Name of Contact Person)

Douglas Elliman Florida, LLC
(Firm/Company)

1691 Michigan Av. # 210
(Address)

Miami Beach, FL 33139
(City/State and Zip Code)

For further information concerning this matter, please call:

John Lyman, V.P. of Ops. at (305) 695-6900
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a $35.00 check made payable to the Department of State.

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2007 JUL 23 A 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Douglas Ellman Florida, LLC
(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:

John Ingman, U.P.
(Name of Person)

Douglas Ellman Florida, LLC
(Firm/Company)

1691 Michigan Av. #210
(Address)

Miami Beach, FL 33139
(City/State and Zip Code)

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2007 JUL 23 A 4:4
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

John Ingman at (305) 395-6300
(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 amount:

☐ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (8/05)

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: Douglas Ellman Florida, LLC.

2. The mailing address of the limited liability company is: 1691 Michigan Av. #210 Miami Beach, FL 33139

09/21/2004
3. Date of filing/registration in Florida

L04000054923
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:

Jamie, L. Goff
Name
1691 Michigan AV. #210
Address
Miami, Beach, FL 33139
City, State and Zip

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

Brian T. Carter, P.A.
Name
1691 Michigan Av. # 210
Florida street address (P.O. Box **NOT** acceptable)
Miami Beach FL 33139
City, State and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

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

Jamie L. Goff, President/CEO
(Printed or typed name of signee)

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.

X _____
(Signature of Registered Agent)

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

INHS18 (8/05)