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EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 21, 2008

DAVID WINKER 312 MINORCA AVENUE CORAL GABLES, FL 33134

SUBJECT: ZP&W REALTY, LLC Ref. Number: L04000066690

We have received your document for ZP&W REALTY, 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 your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 608A00046932

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ZP+W Realty L (Name of Limited Liab	LC ility Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change a	nd fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
David Winker, Esq. (Name of Person) Zungano Patricios & Winker, P. (Firm/Company) 312 Minorca Avenue (Address) Coral Gables, Fl 33134 (City/State and Zip Code)	SEGRETARY OF ALLLAHASSEE
(City/State and Zip Code) For further information concerning this matter, please call:	
^	
) 444 - 55 65
(Name of Person) (Area Co	ode & Daytime Telephone Number)
Registration Section Regis Division of Corporations Divis Clifton Building P.O. I	tration Section ion of Corporations Box 6327 hassee, Florida 32314
Enclosed is a check for the following amount:	

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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: Zp+	N Realty, LLC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	any: 312 Minorca Auchne Coral Gables, Fl 33134
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Coral bables, Fl 33134
9 10 04 3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	on the records of the Florida Dept. of States 75
Registered Agent:	David Winker 5
Registered Office Address:	Garlonce de Leon Blad. PHIIIO Loral bables, Fl 33134
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address: David Winker, Esq.
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	212 Minorca Avenue Coral Gables, Fl. ,FL 33134
If the limited liability company is not organized under the that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.	reet address of the registered office and the business case of a Florida limited liability company, it is
(Signature of a member or authorized representative of a member)	
(Printed or typed name of signee)	<u> </u>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pain laintliar with and accept the obligations of my position. One of this document is being filed to merely reflect confirm that the limited liability company has been notification.	d agree to act in this capacity. I further agree to proper and complete performance of my duties, and I on as registered agent as provided for in Chapter 608, a change in the registered office address, I hereby ied in writing of this change.
(Signature of Begistered Agent)	

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