(Re	questor's Name)	
(Address)		
(Address)		
(Cit	ry/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
/Bu	siness Entity Nan	ne)
(Du	isiness Endry Nan	ne,
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



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SEP 0 6 2016

S. YOUNG

COVER LETTER

Division of Corporations				
SUBJEC	т: <u>Gables</u>	Office Building, UC. Name of Limited Liability Company		
Dear Sir o	or Madam:			
The enclo	sed Registered Agent/Register	red Office Change and fee(s) are submitted for filing.		
Please ret	urn all correspondence concern	ning this matter to the following:		
Nur	ysel Trujillo Name of Person	<u> </u>		
Uni	ted Property Firm/Company	mgmt.	TALL.	
_87	Address	o Ave.	ALCAHASSON	
_m	ioni, FL 331 City/State and Zip C	Code -	# 4: Ol	
NTY E-m	willo @ united ail-address: (to be used for futu	Aproperty motification)		
For furthe	er information concerning this r	matter, please call:		
NUT TWILO at (305) 558-0060 Name of Person Area Code & Daytime Telephone Number				
R D C 20	TREET/COURIER ADDRES egistration Section livision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
E	Enclosed is a check for the following amount:			
5.	\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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 10/140	u.	
1. Na	ame of the limited liability company: Gables Office Wildin	p.uc.
	3211 force de Leon Blud. (b) 3211 forced	J'
(,	Principal office address of limited liability company: Mailing address of limited	mited liability company:
		P <u>OST OFFICE BOX</u>)
	Suite 301 Suite 301	
	Coral Gables, FL 33134 Caral Gables,	FL 33134
3.	Date of filing/registration in Florida 4. Document number	<u>5 +</u>
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	•
	3211 Ponce de Leon Blvd.	70
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	16 S
	Suite 301	9 7
	Coral Gables .FL 33134	SEP-1 PH 4: 0
	·	7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	* O SA
		7
	8730 NW 36 AVE.	
	NEW Registered Office Address:	
	<u>Miami</u> , FL 33147	
****	• • • • • • • • • • • • • • • • • • •	
the cha	imited liability company is not organized under the laws of the State of Florida, it is hereby ange or changes are made, the Florida street address of the registered office and the busines	s office of the registered
was/wo	will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmere authorized by an affirmative vote of the members of the limited liability company or as	ed that the change(s) otherwise provided in
the arti	icles of organization or the operating agreement of the limited liability company.	0
Signat	ture of a member or authorized representative of a member Printed or typed na	me of signee
I herel	by accept the appointment as registered agent and agree to act in this capacity. I further a	gree to comply with the
the obl to mere	ions of all statules relative to the proper and complete performance of my duties, and I am l ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this ely reflect a change in the registered office address, I hereby confirm that the limited liabil.	amiliar with and accept document is being filed ity company has been
notified	d in writing of his change.	ty company and occu
Signatu	re bi Rogistery Agent	
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
1010 10	FILING FEE: \$25.00	
HS18 (2/	(14)	

INHS18 (2/14)

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS





Detail by Entity Name

Florida Limited Liability Company

GABLES OFFICE BUILDING LLC

Filing Information

Document Number

L04000093024

FEI/EIN Number

46-3014907

Date Filed

12/23/2004

State

FL

Status

ACTIVE

Last Event

CANCEL ADM DISS/REV

Event Date Filed

10/18/2005

Event Effective Date

NONE

Principal Address

3211 PONCE DE LEON BLVD., SUITE 301 CORAL GABLES, FL 33134

Mailing Address

3211 PONCE DE LEON BLVD., SUITE 301 CORAL GABLES, FL 33134

Registered Agent Name & Address

BARKER, REX 3211 PONCE DE LEON BLVD., SUITE 301 CORAL GABLES, FL 33134

Name Changed: 02/28/2007

Authorized Person(s) Detail

Name & Address

Title MGR

BARKER, REX M 3211 PONCE DE LEON BLVD., SUITE 301 CORAL GABLES, FL 33134

Title Manager

MILTON, JOSEPH 3211 PONCE DE LEON BLVD., SUITE 301 CORAL GABLES, FL 33134 TALLAHA SSEE, FLORID

Title Manager

MILTON, CECIL 3211 PONCE DE LEON BLVD., SUITE 301 CORAL GABLES, FL 33134

Title Manager

MILTON, FRANK 3211 PONCE DE LEON BLVD., SUITE 301 CORAL GABLES, FL 33134

Annual Reports

Report Year	Filed Date
2014	03/05/2014
2015	03/04/2015
2016	02/15/2016

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