

105000000173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

(Document Number)

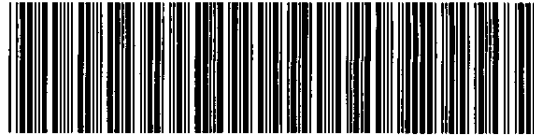
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Palm Beach Residential Properties, 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:

Cappy Lerman Abraham  
(Name of Person)

Palm Beach Residential Properties, LLC  
(Firm/Company)

44 Cocoanut Row, L-103  
(Address)

Palm Beach, FL 33480  
(City/State and Zip Code)

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07 OCT 22 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Cappy L. Abraham at ( 561 ) 833-8688  
(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

*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.*

- Palm Beach, FL 33480

L05000000173

- Name

## Address

City, State and Zip

- ~~Name~~

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

City, State and Zip

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

(Printed or typed name of signee)

(Signature of Registered Agent)

INHS18 (8/05)