# LOS000/9398

| (Requestor's Name)                      |  |  |  |
|-----------------------------------------|--|--|--|
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
|                                         |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
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FILED 2001 JAN 23 P 3: 47 SECRETARY OF STATE ALLAHASSEE, FLORIDA



### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 26, 2006

CRISTINA GARCIA 14540 SW 136TH STREET SUITE 102 MIAMI, FL 33186

SUBJECT: CONCORDE PLAZA II, LLC Ref. Number: L05000019398

We have received your document for CONCORDE PLAZA II, 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  $\mathbb{R}^{2}$ 

Please return your document, along with a copy of this letter, within 60 days dP 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: 406A00072531

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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

# **COVER LETTER**

2 --- 0

TO: Amendment Section Division of Corporations

# SUBJECT: Concorde Plaza II, LLC

(Name of Corporation)

# DOCUMENT NUMBER: L05000019398

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:

|                           | Cristina Garcia                                        |                                         |   |  |
|---------------------------|--------------------------------------------------------|-----------------------------------------|---|--|
| -                         | (Name of Contact Person)                               | •                                       |   |  |
| _                         | The Greenwich Development Group, LLC<br>(Firm/Company) | 2001 JAN 23<br>SECRETARY<br>TALLAUASSEI |   |  |
|                           | 14540 SW 136th Street - 102                            | ם איי                                   | m |  |
|                           | (Address)                                              | 3: 4<br>STATE                           | D |  |
|                           | Miami, FL 33186                                        | A J                                     |   |  |
| (City/State and Zip Code) |                                                        |                                         |   |  |
| For further informat      | tion concerning this matter, please call:              |                                         |   |  |

| Cristina Garcia          | at ( 305 ) 969-3136                    |
|--------------------------|----------------------------------------|
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |

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

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

Concorde Plaza II, 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:

# Cristina Garcia

(Name of Person) The Greenwich Development Group, LLC (Firm/Company) 14540 SW 136<sup>th</sup> Street - 102 (Address) Miami, FL 33186

(City/State and Zip Code)

For further information concerning this matter, please call:

#### Cristina Garcia

(305) 969-3136

(Name of Person)

STREET/COURIER ADDRESS: MAILIN

at

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Enclosed is a check for the following amount:

\$25 Filing Fee

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

\_\_\_\_ \$55 Filing Fee & Certified Copy

(Area Code & Daytime Telephone Number)

#### 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: Concorde Plaza II, LLC                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 2. The mailing address of the limited liability company is: <u>14540 SW 136<sup>th</sup> Street - 102</u><br>Miami, FL 33186                                                                                                                                                                                                                                                                                                                      |  |  |  |  |
| 02/25/2005L050000193983. Date of filing/registration in Florida4. 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:                                                                                                                                                                                                                                                                                                                 |  |  |  |  |
| Department of State: NS Corporate Services Inc.   Name 1110 Brickell Avenue, Suite 310   Address Address   Miami, FL 33131 Address   City, State and Zip City, State and Zip   6. The name and address of the new registered agent and/or office: The Greenwich Development Group, LLC   Name 14540 SW 136 <sup>th</sup> Street – 102   Florida street address (P.O. Box NOT acceptable) Miami_FL 33186   City, State and Zip City, State and Zip |  |  |  |  |

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 wilt 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.

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

Ernesto Lopes - Manager (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 of 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 writing of this document.

this change.

(Signature of Registered Agent) Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00