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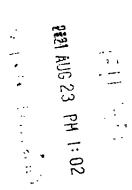
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## **COVER LETTER**

Division of Corporations	
LONG ISLAND JET CENTER, LLC SUBJECT:	
	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	to the following:
D W Samuelan	
Damaso W. Saavedra  Name of Person	
name of reison	
Saavedra-Goodwin	
Firm/Company	
888 S.E 3rd Avenue, Suite 500	
Address	
Fort Lauderdale, Florida 33316	
City/State and Zip Code	
dpazo@saavlaw.com	
E-mail address: (to be used for future annual report	t notification)
For further information concerning this matter, please ca	ill:
Deanna Pazo 95-	
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
■ \$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. N	ame of the limited liability company: LONG ISLAND.	ЛЕТ СЕ	NT	ER, LLC					<u>-</u> _
2. (a)			(b)						
, ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)				Mailing ad	dress of l	imited li	ability com <u>PFFICE BC</u>	pany:
	4860 NE 12TH AVENUE			4860 NE	12TH AVI	ENUE			
	FORT LAUDERDALE, FL 33334			FORT L	AUDERDA	LE, FL	33334		
	03/04/2005		I	.0500002	2193				
3.	Date of filing/registration in Florida	- 4,	-		Docume	nt num	ber		
5. (a)	Saavedra, Damaso W. Esq.								
J. (a)	Registered Agent and Registered Office shown on the records of	the Flor	ida i	Dept. of Si	tate:				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					-	<b>290</b> 1 AUG 23		
	312 S.E. 17th Street Second Floor						- -	AUG	
	Fort Lauderdale , FL	33316					•	23	
							•	РН	•
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office			_		÷ •	1: 02	
	and the week registered agent and the weekstered	Onice	auu	1633.			- 5-	02	
	Saavedra, Damaso W, Esq.								
	NEW Registered Office Address:								
	888 S.E 3rd Avenue, Suite 500								
	Fort Lauderdale , FI	33316							
change agent was/w the art Signal I here provis the obto mer notifie	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like the identical of the will be identical. Or, in the case of a Florida limited like the identical of the members of its of the members of its office of the member of the its office and its office and against of its office and complete light of the proper a	registe ability of the li limited	erec con imi d lia	I office a npany, it ted liability co	ind the bus is hereby lity company.  Printed o	iness of confirm ny or as	ffice of that otherw	the regis the chan vise prov	tered ge(s) ided in