L05000031045

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Meran	d LLC
	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 r	natter to the following:
Leslie Frantes	
Name of Person	i :
	i. A
Firm/Company	
5910 SW 84 ST	
Address	
Miami, FL 3314	3
City/State and Zip Code	
lafuentesa@mac.	f.
E-mail address: (to be used for future annua	report notification)
For further information concerning this matter, pl	ease call:
Quidia Savers Name of Person	at (305) 926-2960 Area Code & Daytime Telephone Number
	·
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following an	mount:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	:



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FLORIDA DEPARTMENT OF STATE Division of Corporations

DEPARTMEN STATE SUSTSION OF CORPORATIONS TALLAMASSES, FLORIDA

July 31, 2014

ANMER MANAGEMENT, LLC 55 MERRICK WAY STE. 214 CORAL GABLES, FL 33134

SUBJECT: MERAND, LLC Ref. Number: L05000031045

We have received your document for MERAND, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 114A00016466

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

submit	ant to the provisions of sections 605.0114 or 605.0116 ts the following statement in order to change its reg	6, Florida 1 gistered o <u>f</u>	Statutes, th fice or re	he unders gistered	igned limite agent, or bo	d liability c oth, in the	ompany State of
Florid		Mer	and	11	<u> </u>		
1. Na	ame of the limited liability company:	7000	$\frac{\omega_{1}}{\omega_{1}}$				
2. (a)	55 Merrick Way	(b)		<u>. S</u>	me		<u>. </u>
	Principal office address of limited liability company:	į	₹ N		ress of limited		
	(Note: MUST BE STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	:	(<u>inote: in</u>	AY BE POST	<u>DEFICE BUZ</u>	ע
· :	Swith 214			- Er	<u> 13 集紀 1 </u>		
	Cival Gables, FL 33134		·	1,502			
•			<i>.</i>	***			
	03/29/05	<u>_</u>	LOS	50000	53104	15:	
3.	Date of filing/registration in Florida	4.	•	Documer	nt number		
5. (a)	CFRA LLC				1		
. (4)	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State	: <u> </u>			
•	100 S Ashlow Dr		•	•	is I		
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)			# . <u>9</u>		
	- Dute 400			:			
	Tampa , FI	. 336	02				,
(b)	Lestie tuentes	į.			ų Ų		ഹ
()	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	ess:			APT 15	
	15600 S. 011 ST	•				ED	
	5910 SW 84 ST		. 8 ,		" 1	5	220
	NEW Registered Office Address:				1 :	Ē	7.09 7.09
					İ	'9	المارية المارية المارية
		~ -			j,	S. S	, , ,
	Miama, FI	<u>. 33</u>	143		i - -		
If the	limited liability company is not organized under the la	ws of the S	State of Flo	orida, it is	"! hereby con:	firmed that	after
the ch	ange or changes are made, the Florida street address of	f the regist	ered office	and the	business offi	ice of the re	gistered
was/w	will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of	of the limit	npany, it is ed liability	s nereby o y compan	y or as other	at the chang	ded in
	ticles of organization or the operating agreement of the				- 	·	
	Int'		Les		ruent	-(1)	
_	ature of a member or authorized representative of a member				typed name of	· ·	
I here provis	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete	ree to act i e performa	n this cape nce of my e	acity. I fi du <u>ties, a</u> n	urther agree Id I am famil	to comply v liar with an	vith the d accept
the ob to mer	tions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address. I	ed for in Cl hereby coi	hapter 605 ifirm that	, F.S. Or the limite	r, if this doci ed liability co	iment is bei Sinpany has	ng filed been
notifie	ed in writing of this change.	·	-				
Signati	ure of Registered Agent				1		
				47	:		