

L05000035227

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000196854 3)))



H060001968543ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0380

From:
Account Name : BELOFF & SCHWARTZ
Account Number : 120010000064
Phone : (305) 673-1101
Fax Number : (305) 673-5505

FILED
06 AUG -4 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

LEBLON LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$96.25

RECEIVED
06 AUG -4 AM 8:00
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

AUG. 4. 2006 2:34PM Imation

No.3299 P. 2

(((H06000196854 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Leblon, 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:

Gerald K. Schwartz, Esq.
(Name of Person)

Beloff & Schwartz
(Firm/Company)

1111 Lincoln Road, Suite 400
(Address)

Miami Beach, Florida 33139
(City/State and Zip Code)

For further information concerning this matter, please call:

Gerald K. Schwartz, Esq. at (305) 673-1101
(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

INHS18 (8/05)

(((H06000196854 3)))

FILED
06 AUG -4 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H06000196854 3)))

**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: Leblon, LLC
2. The mailing address of the limited liability company is: 933 Normandy Drive, Miami Beach,
Florida 33141

4/11/2005

L06000035227

3. Date of filing/registration in Florida

4. 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:

Donald Kahn Bosimory Gajer
Name
317 74th Street 4838 Pinecone Drive
Address
Miami Beach, Florida 33141 33140
City, State and Zip

6. The name and address of the new registered agent and/or office:

Gerald K. Schwartz, Esq.
Name
1111 Lincoln Road, Suite 400
Florida street address (P.O. Box NOT acceptable)
Miami Beach FL 33139
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 will 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 or authorized representative of a member)

GERALD K. SCHWARTZ
(Printed or typed name of signer)

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 as 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 in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

INHS18 (RMS)

(((H06000196854 3)))