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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: GARDEN LANDI			
Name of L	imited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning t	this matter to the following:		
ODJEL TOVI			
ORIEL TSVI			
Name of Person			
GARDEN LANDING LLC			
Firm/Company			
PO BOX 380877			
Address			
MIAMI FL 33238			
City/State and Zip Code			
alex@fortunedesignconstruc	ction.com		
E-mail address: (to be used for future annual report no			
For further information concerning this matter	er, please call:		
Oriel Tsvi	at (305) 509-3025		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section 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 followin	g 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 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. 1	Nan	ne of the limited liability company: GARDEN LANDING LLC				
2. (a)	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	180 NE 71 STREET MIAMI FL 33138			
		,		227		
(b)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	PO BOX 380877 MIAMI FL 33238	29 A		
				<u> </u>		
				至		
05/06	6/200	5	L05000044911	1		
3. I	Dat	e of filing/registration in Florida	1. Document number			
5. ((a)	Registered Agent and Registered Office shown on the	he records of the Florida Dept.	of State:		
		Registered Agent:	Espinosa Alexander			
		Registered Office Address:	10659 NE 10 PLACE MIAMI SHORES, FL 33138			
(1	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : NEW Registered Agent: Oriel Tsvi					
		11211 Registered Agents				
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		10659 NE 10 PLACE , FL 33138			
			MIAMI SHORES	FL 33138		
con and liab the	firt the oilit me	imited liability company is not organized under the land that after the change or changes are made, the Flee basiness office of the registered agent will be identify company, it is hereby confirmed that the change(s) imbers of the limited liability company or as otherwise rating agreement of the limited liability company.	orida street address of the regi- cal. Or, in the case of a Florid	stered office la limited		
Sten	atur	e of a member or authorized representative of a member	_			
	1 Tsvi	or typed name of signee	-			
		by accept the appointment as registered agent and a whith the provisions of all statutes relative to the pro in familiar with and accept the obligations of my po- er 608, F.S. Or, if this document is being filed to men is, I hereby confirm that the limited liability company	gree to act in this capacity. I poper and complete performance sition as registered agent as prely reflect a change in the region writing of the poper and the region of the region writing of the second sec	further agree e of my duties rovided for in sistered office of this change		
SIE	natu	re of Registered Agent				
11	′	Division of Cornerations P O Roy 63	27 Tallahassee FL 32314			

FILING FEE: \$25.00