


FILED
Apr 24, 2008 8:00 am
Secretary of State

60027769

DOCUMENT # L05000064393				04-24-2008 90012 008 ***138.75	
1. Entity Name ARBOR HEIGHTS, LLC					
Principal Place of Business 6060 WEST 21ST COURT UNIT 606 HIALEAH, FL 33016		Mailing Address 6060 WEST 21ST COURT UNIT 606 HIALEAH, FL 33016			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 160250			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Hialeah, FL		4. FEI Number 20-3083627	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
CRO GLASSRATNER ADVISORY & CAPITAL GROUP LLC 110 E. BROWARD BLVD., SUITE 660 FT. LAUDERDALE, FL 33301			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
Delete			Delete		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					