

LD5000068961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

220731

TO: Registration Section
Division of Corporations

SUBJECT: 1319 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:

PAUL S KAPLAN

Name of Person

KW PROPERTY MANAGEMENT

Firm/Company

8200 NW 33RD STREET SUITE 300

Address

DORAL, FL 33122

City/State and Zip Code

pkaplan@kwpropertymanagement.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL KAPLAN

Name of Person

at (305)

476-9188

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2010

PAUL S. KAPLAN
KW PROPERTY MANAGEMENT
8200 NW 33RD STREET, STE. 300
DORAL, FL 33122

SUBJECT: 1319 LLC
Ref. Number: L05000068961

We have received your document for 1319 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):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 410A00024780

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. Name of the limited liability company: 1319 LLC

2. (a) Principal office address of limited liability company: c/o KW Property Management



(Note: **MUST BE STREET ADDRESS**)

8200 NW 33RD STREET, #300
DORAL FL 33122

(b) Mailing address of limited liability company: c/o KW Property Management



(Note: **MAY BE POST OFFICE BOX**)

8200 NW 33RD STREET, #300
DORAL FL 33122

07/13/2005

L05000068961

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

DANIA FERNANDEZ

Registered Office Address:

10205 SOUTH DIXIE HIGHWAY
204
MIAMI FL

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

PAUL S KAPLAN, AS RECEIVER

NEW Registered Office Address:

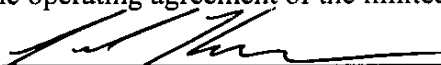
(**MUST BE FLORIDA STREET ADDRESS**)

c/o KW Property Management

8200 NW 33RD STREET, #300

DORAL, FL 33122

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

PAUL KAPLAN

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

FILED
JUL 14 2005
CLERK OF STATE
TALLAHASSEE, FLORIDA
JUL 14 4 PM 12:36