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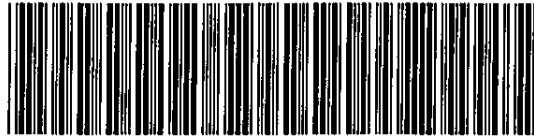
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAKE CITY PLAZA, 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:

Daniel Wiener
(Name of Person)

Lake City Plaza, LLC
(Firm/Company)

99 West Hawthorne Avenue, Suite 218
(Address)

Valley Stream, N.Y. 11580
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Hanzich at (516) 593-0660
(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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2007

DANIEL WIENER
LAKE CITY PLAZA, LLC
99 WEST HAWTHORNE AVENUE, STE 218
VALLEY STREAM, NY 11580

SUBJECT: LAKE CITY PLAZA, LLC
Ref. Number: L05000075071

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for LAKE CITY PLAZA, 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.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 207A00021826

**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: LAKE CITY PLAZA, LLC
2. The mailing address of the limited liability company is: 99 West Hawthorne Avenue,
Suite 218, Valley Stream, N.Y. 11580

3. Date of filing/registration in Florida 02/03/2006 4. Document number LO 5000075071

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Wiener, Daniel
Name
18911 Collins Avenue, #2003
Address
Sunny Isles Beach, FL 33160
City, State and Zip

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

CT Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)
Plantation FL 33324
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.

Daniel Wiener
(Signature of a member or authorized representative of a member)

Daniel Wiener
(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.

By: Barbara A. Burke
(Signature of Registered Agent)

CT Corporation System
Special Assistant Secretary
Barbara A. Burke
Special Assistant Secretary

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

INHS18 (8/05)

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TALLAHASSEE, FLORIDA