

L05000081737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300181607443

06/04/10--01036--005 **35.00

FILED
10 JUN 21 AM 9:35
OFFICE OF STATE
TOLSON, ALABAMA, FLORIDA

S. HAWKES
JUN 22 2010
EXAMINER

S. HAWKES
JUN 09 2010
EXAMINER

W



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2010

BRIAN GITLIN
396 ALHAMBRA CIRCLE 5TH FLOOR
CORAL GABLES, FL 33134

SUBJECT: 396 ALHAMBRA, LLC
Ref. Number: L05000081737

We have received your document for 396 ALHAMBRA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 510A00014319

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 396 Alhambra 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:

Brian Gitlin
Name of Person

396 Alhambra LLC
Firm/Company

396 Alhambra Circle, 5th Floor
Address

Coval Gables, FL 33134
City/State and Zip Code

bgitlin@newdawncorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:...

Brian Gitlin at (305) 962 3230
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

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: 396 Alhambra LLC
2. (a) Principal office address of limited liability company: 2601 S. Bayshore Dr. #200
☐ (Note: **MUST BE STREET ADDRESS**) Miami, FL 33133
- (b) Mailing address of limited liability company: same as office
☐ (Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: 8/18/2005
4. Document number: LO5000081737
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: Adorno & Yoss LLP c/o Mercedes Sellek
Registered Office Address: 2525 Ponce de Leon Blvd
Suite 400
Coral Gables, FL 33134
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: Jose Antonio Perez
NEW Registered Office Address: 2601 S. Bayshore Dr
(MUST BE FLORIDA STREET ADDRESS) Suite # 1215
Miami, FL 33133

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

Eduardo Avila
Printed or typed name of signee

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