

105000086413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

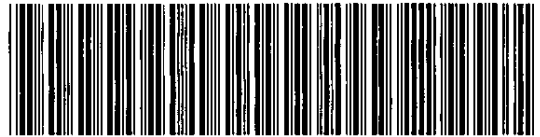
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

JUN 18 2009

EXAMINER

105-86413

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Braha Dixie 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:

Aharon Emano
Name of Person

Braha Dixie LLC
Firm/Company

PO Box 267
Address

Tallahassee FL 33008
City/State and Zip Code

ronny.emano@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aharon Emano at (954) 926-3600
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

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2009 JUN 17 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2009

AHARON EMANO
PO BOX 267
HALLANDALE, FL 33008

SUBJECT: BRAHA DIXIE, LLC
Ref. Number: L05000086413

We have received your document for BRAHA DIXIE, 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
Regulatory Specialist II

Letter Number: 109A00019143

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2009 JUN 17 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Braha Dixie LLC
2. (a) Principal office address of limited liability company: Braha Dixie LLC
☐ (Note: **MUST BE STREET ADDRESS**)
10 W 33rd Street Ste 220
New York, NY 10001
- (b) Mailing address of limited liability company: Braha Dixie LLC
☐ (Note: **MAY BE POST OFFICE BOX**)
PO Box 267
Hallandale FL 33008
- 08/31/2005 3. Date of filing/registration in Florida
- L05000086413 4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: Alan J Marcus
- Registered Office Address: 20803 Biscayne Blvd
Suite 301
Aventura FL 33180
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
- NEW Registered Agent:** Aharon Emano
- NEW Registered Office Address:** 225 E Dania Bch Blvd
Suite 213
Dania Bch FL 33004
(MUST BE FLORIDA STREET ADDRESS)

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

AHARON EMANO

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

2009 JUN 17
SECRETARY
TALLAHASSEE
FILE