

L05000088362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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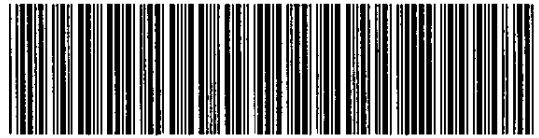
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. BRYAN

JUN - 9 2009

EXAMINER

Samuel Spencer Blum

ATTORNEY AT LAW

2666 TIGERTAIL AVENUE, SUITE 106
COCONUT GROVE, FLORIDA 33133

TELEPHONE: (305) 854-1885
TELEFAX: (305) 854-3314
e-mail: sam@samblum.com

June 4, 2009

Division of Corporations
Registration Section
Post Office Box 6327
Tallahassee, Florida 32314

Re: 5220 Biscayne Boulevard, LLC

Dear Sir or Madam:

Enclosed please find Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced LLC. Also enclosed is check in the amount of \$25.00 for filing of same.

If you have any questions, feel free to contact me.

Very truly yours,



SAMUEL SPENCER BLUM

SSB/lcm
Enclosures

Corporate\5220 biscayne\060409 div.of corp.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5220 Biscayne Boulevard, 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:

Michel Rosenberg
Name of Person

Firm/Company

4445 Sabal Palm Rd
Address

Miami FL 33137
City/State and Zip Code

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

For further information concerning this matter, please call:

Samuel S. Blum at (305) 854-1885
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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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: 5220 Biscayne Boulevard

2. (a) Principal office address of limited liability company:



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

4445 Sabal Palm Rd
Miami FL 33137

(b) Mailing address of limited liability company:



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

4445 Sabal Palm Rd
Miami FL 33137

3. Date of filing/registration in Florida

09-07-2005

4. Document number

LD5000088362

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

Registered Agent:

Evergreen Overseas Holdings, Inc

Registered Office Address:

960 NE 74 St
Miami FL 33138

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

NEW Registered Agent:

Samuel S. Blum, Esq.

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

2666 Tigertail Ave.
106
COCONUT GROVE 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

Michel Rosenberg

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