

LOS 000097537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

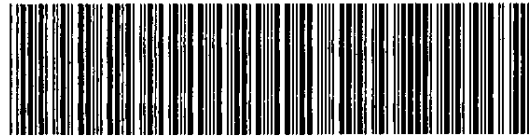
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100196256301

02/28/11--01049--004 \*\*55.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 FEB 28 AM 10:52

FILED

**T. CLINE**

MAR - 1 2011

**EXAMINER**

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ASSET PARK 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:

THOMAS BACHE-UVI16  
Name of Person

ASSET PARK  
Firm/Company

3026 COCONUT GROVE DR.  
Address

CORAL GABLES FL 33134  
City/State and Zip Code

THOMAS@ASSETPARK.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS BACHE-UVI16 at ( 305 ) 439-3991  
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

FILED  
2011 FEB 28 AM 10:52  
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: ASSETPARK LLC  
2. (a) Principal office address of limited liability company: 20515 EAST COUNTRY CLUB DR.  
SUITE # 1541  
AVENTURA FL 33180  
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 3026 COCONUT GROVE DR.  
CORAL GABLES FL 33134  
(Note: **MAY BE POST OFFICE BOX**)

9/14-2007  
3. Date of filing/registration in Florida

605000097537  
4. Document number

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

Registered Agent:

LIEN, JARL V.

Registered Office Address:

20515 EAST COUNTRY CLUB DR.  
SUITE # 1541  
AVENTURA FL 33180

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

**NEW** Registered Agent:

THOMAS BACHE-W116

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

3026 COCONUT GROVE DR.  
CORAL GABLES  
FL 33134

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]  
Signature of a member or authorized representative of a member

JARL V. LIEN  
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]  
Signature of Registered Agent

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