L05000120424

(Requestor's Name)				
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(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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S. HAWKES

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: 11506 Cleveland, LLC					
Name of	Limited	d Liabi	lity Cor	npany	
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	Office (Change	and fe	e(s) are submitted for filing.	
Please return all correspondence concerning	g this m	atter to	the fol	llowing:	
Meir Smilovitz					
Name of Person					
11506 Cleveland, LLC					
Firm/Company					
		:			
5457 Governors Drive					
Address					
			•	:	
Fort Myore El 22007					
Fort Myers, FL 33907 City/State and Zip Code					
City/State and Zip Code					
meir181@gmail.com E-mail address: (to be used for future annual report					
E-mail address: (to be used for future annual report	notification	on)			
For further information concerning this mat	tter, ple	ase call	l:		
Joshua Smilovitz	at (_	239)	851-3524	
Name of Person			Area Coo	de & Daytime Telephone Number	
STREET/COURIER ADDRESS:		MA	AILING	ADDRESS:	
Registration Section				n Section	
Division of Corporations	Division of Corporations				
Clifton Building		P.O. Box 6327			
2661 Executive Center Circle		Tal	lahassee	e, Florida 32314	
Tallahassee, Florida 32301		•			
Enclosed is a check for the following	ing amo	ount:			
\$25 Filing Fee		□ \$4	55 Filin	g 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:	11506 Cleveland, LLC			
2. (a) Principal office address of limited liability company	y:			
(Note: MUST BE STREET ADDRESS)	5457 Governors Drive Fort Myers, FL 33907			
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)	5457 Governors Drive Fort Myers, FL 33907			
12/16/2005	L05000120424			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:			
Registered Agent:	Meir Smilovitz			
Registered Office Address:	125 Pinebrook Drive Fort Myers, FL 33907			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:			
NEW Registered Agent:				
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5457 Governors Drive Fort Myers, FL 33907			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member of authorized representative of a member	laws of the State of Florida, it is hereby lorida street address of the registered office			
Meir Smilovitz, Member Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	ngree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in			
address, I hereby confirm that the limited liability compan	y has been notified in writing of this change.			

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