

**L06000030487**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

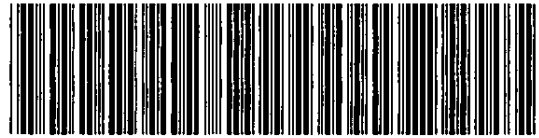
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**FILED**  
2009 DEC 11 PM 3:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**  
DEC 14 2009  
**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 4, 2009

JACK KAPLAN / NEW DAWN MIAMI LAKES LLC  
2601 S. BAYSHORE DR.  
SUITE 200  
MIAMI, FL 33133

SUBJECT: NEW DAWN MIAMI LAKES, LLC  
Ref. Number: L06000030487

We have received your document for NEW DAWN MIAMI LAKES, 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.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 409A00037201

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NEW DAWN MIAMI LAKES, 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:

JACK KAPLAN  
Name of Person

NEW DAWN MIAMI LAKES  
Firm/Company

2601 SOUTH BAYSHORE DRIVE SUITE 200  
Address

MIAMI FLORIDA 33133  
City/State and Zip Code

JKAPLANMIAMI@COMCAST.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jack Kaplan at ( 305 ) 726-6716  
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: NEW DAWN MIAMI LAKES LLC

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

☒ (Note: **MUST BE STREET ADDRESS**)

2601 SOUTH BAYSHORE DRIVE  
SUITE 200  
MIAMI FLORIDA 33133

(b) Mailing address of limited liability company:

☒ (Note: **MAY BE POST OFFICE BOX**)

2601 SOUTH BAYSHORE DRIVE  
SUITE 200  
MIAMI FLORIDA 33133

3-22-06

3. Date of filing/registration in Florida

L06000030487

4. Document number

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

Registered Agent:

ROLLNICK, NEIL S ESQ

Registered Office Address:

2525 PONCE DE LEON BLVD  
SUITE 400  
MIAMI FLORIDA 33134-6012 US

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

NEW Registered Agent:

JACK KAPLAN

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

NEW DAWN MIAMI LAKES  
2601 SOUTH BAYSHORE DRIVE SUITE 200  
MIAMI FLORIDA 33158

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.

Jack Kaplan  
Signature of a member or authorized representative of a member

JACK KAPLAN  
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.

Jack Kaplan  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00