W600036097

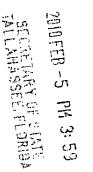
| (Re | equestor's Name) | | | | |
|---|--------------------|-------------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (Ci | ty/State/Zip/Phone | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| <u> </u> | | | | | |

Office Use Only



600166949646

01/25/10--01009--001 **35.00



T. CLINE

FEB - 8 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 26, 2010

YIZHAK TOLEDANO 2799 SW 32ND AVE PENBROKE PARK, FL 33023

SUBJECT: PALMA BELLA DEVELOPMENT LLC

Ref. Number: L06000036097

We have received your document for PALMA BELLA DEVELOPMENT 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.

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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 910A00002063

Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314

T ...

| 7 | • | | F - + + - 1 | | |
|---|---|------------------------------|---|---|----------------------|
| , | COVER LETTER | | | | |
| - | ation Section n of Corporations | : | | | |
| SUBJECT: _ | Palma | Rella Dev Name of Limited | Clopment LLC Liability Company | | |
| Dear Sir or Ma | dam: | | | | |
| The enclosed F | Registered Agent/l | Registered Office C | Change and fee(s) are submitted f | or filing. | |
| Please return a | II correspondence | concerning this ma | atter to the following: | | |
| | ck Tole C Name of Pers | son | | | |
| Palma | Belly Dev | velopment, LL | <u>-C</u> | <u></u> 4 | 2 |
| 2799 | SW 32n Address olce Ark City/State and Zi | d Aue FL 3302 | | SECRETARY OF STATE ABLAHASSEE, FLORIDA | 2010 FEB -5 PM 4: 00 |
| Yiz hak /E-mail addre | ss: (to be used for future | evalupment notification | <u>(</u> | | |
| For further info | | ing this matter, plea | | | |
| Yizl | Name of Person | at (_ | 954) 224 - 477 Area Code & Daytime Telephone | 7 Number | |
| Registra Divisio Clifton 2661 Ex | T/COURIER ADI ation Section of Corporations Building secutive Center Cir ssee, Florida 32301 | cle | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | |
| Enclos | ed is a check for | the following amo | ount: | | |
| \$25 | Filing Fee | | \$55 Filing Fee & Certified | Сору | |

A A CONTRACT OF THE PARTY OF TH

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: Palma | Salle Maralan +116 |
|--|--|
| • | • |
| 2. (a) Principal office address of limited liability company | 0 |
| (Note: MUST BE STREET ADDRESS) | Pembrolu Park, FL 33823 |
| | |
| (b) Mailing address of limited liability company: | 2766 64 72 / 1 |
| (Note: MAY BE POST OFFICE BOX) | 2799 SW 32nd Ave Pembrole Park, FL 33027 |
| 4-6-06 | L06000 36097 |
| | 4. Document number |
| • • | he records of the Floride Dent, of States |
| 5. (a) Registered Agent and Registered Office shown on t | ne records of the Florida Dept. of State: |
| Registered Agent: | - 1 |
| Registered Office Address: | Yizhak Toledano = |
| | Pembrile Park Pt 33003 |
| | · Sa J |
| (b) Enter name of NEW Registered Agent and/or NEV | V Registered Office address: |
| NEW Registered Agent: | ; |
| NEW Registered Office Address: | Virthele Tolodano 3 |
| (MUST BE FLORIDA STREET ADDRESS) | Pembroke Ports FL 33023 |
| If the limited liability company is not organized under the liconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability 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 | orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote |
| Signature of a member or authorized representative of a member | - |
| Yizhak Toledung Printed or typed name of signce | - |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the providing accept the obligations of my post Chapter 608, F.S. Or, jethis document is being filed to men address, I hereby confirm that the limited liability company | gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office 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