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09/18/06--01028--013 **25.00

SECRETARY OF STATES

COVER LETTER

TO: **Registration Section** Division of Corporations

SUBJECT: OCEAN DRIVE MORTGAGE COMPANY, LLC (Name of Limited Liability Company)

Dear Sir or Madam:

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The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan J. Lichtman (Name of Person)

Jonathan J. Lichtman, P.A. (Firm/Company)

120 E. Palmetto Park Rd., Suite 100 (Address)

Boca Raton, Florida 33432 (City/State and Zip Code)

For further information concerning this matter, please call:

Jonathan J. Lichtman	at (561) 869-3600
(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

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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

S55 Filing Fee & Certified Copy

INHS18 (8/05)

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. The name of the limited liability company is: Oc	ean Drive Mortgage Company 1	LC	,
2. The mailing address of the limited liability compared	any is : 1245 N.E. 90th Street		
Miami, FL 33138		· • •	• • • • •
5/4/06	L06000046565		i.seeine≣
3. Date of filing/registration in Florida	4. Document number		
5. The name of the registered agent and the registere Florida Department of State:	d office address as shown on the	e records of the	-
Andres Montejo			
Na	me	موطيق مراجع	· 27
<u>6187 N.W. 167 Stree</u>	t, Suite H-36	*	s is the
Miami, FL 33015	11 CSS		
	e and Zip	DIVISION 2006 SEP	
6. The name and address of the new registered agent and/or office:			_
Jonathan J. Lichtmar	ΡΔ		
Sonatian 5. Eleminar Nam			
120 E. Palmetto Park		PH 2	
Florida street address (P.	O. Box NOT acceptable)	2:0	
Boca Raton, FI	33432	- ×	_
City, State			
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or a or the operating agreement of the limited liability com- or the operating agreement of the limited liability com- or the operating agreement of the limited liability com- of the member or authorized representative of a member)	, the Florida street address of the e identical. Or, in the case of a l inge(s) was/were authorized by s otherwise provided in the artic	e registered office Florida limited an affirmative vote	× .•
·			
Dessiree Kane, Manager (Printed or typed name of signee)		· · ·	
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this accument is being filed address, I hereby confirm that the limited liability co	and agree to act in this capacit the proper and complete perfori my position as registered agent to merely reflect a change in th mpany has been notified in writ	y. I further agree to mance of my duties, as provided for in e registered office ing of this change.	
(Signature of Registered Agent)	10000		*- . ·

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

INHS18 (8/05)

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