1060000 50625								
(Requestor's Name) (Address) (Address)	900077973859							
(City/State/Zip/Phone #)	07/28/0601014002 **25.00							
(Document Number) Certified Copies Certificates of Status	FILED OG JUL 28 PM 3: 07 SECRETARY OF STATE HALLAHASSEE, FLORID							
Special Instructions to Filing Officer: Office Use Only								

- -. -

## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: 9120 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:

Michael J. Zimmerman

(Name of Person)

(Firm/Company)

13320 S.W. 128th Street (Address)

Miami, FL 33186

(City/State and Zip Code)

For further information concerning this matter, please call:

 Michael Zimmerman
 at (305)
 235-9515

 (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



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: 9120 LLC

2. The mailing address of the limited liability company is : 13320 S.W. 128 Street, Miami, FL 33186

05/16/06

L 06000050625

3. Date of filing/registration in Florida

Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Micha	ael Zimmermar	ר					
		Name	•	<b></b>			
13320	) S. W. 128 Stre	et			ç	2	
	1	Addres	SS	- A	33		
Miami	i, FL 33186			LA LA	CP (	-	-71.
	City,	State a	nd Zip	– – –		ng .IUL 28	
6. The name and address of the r	new registered ag	ent an	d/or office:		PH PH	PH	B
Howa	rd E. Kurzweil,	Esq.			23	3: 07	
		lame		-	哥	2	
<u>101 N</u>	E. Third Avenue	e, Suit	e 1700	_	≶		
Flori	da street address	(P.O.	Box NOT acceptable)				
Ft. La	uderdale,	FL	33301			*	
	City, St	ate an	d Zip				
If the limited liability company i confirmed that after the change of and the business office of the reg liability company, it is hereby co of the members of the limited line	or changes are ma distered agent will onfirmed that the	ade, th Il be ic chang	e Florida street addres. lentical. Or, in the cas e(s) was/were authoriz	s of the registered e of a Florida limit ed by an affirmat	l office ited ive vot	te	
of the members of the limited lin or the operating agreement of the	limited liability	comp	any.	are an area of orga			
MAL. Lult	$\geq$	<u>`                                    </u>					

(Signature of a member or authorized representative of a member) Michael Zimmerman

(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.

of Registered Agent)

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

INHS18 (8/05)