

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

G. MCLEOD

APR 11 2011

EXAMINER



400200645524

04/08/11--01040--001 \*\*75.00

IT APR -8 PM 3: 18
SECRETARY OF STATE
ALL PAHASSEF, FLORID

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJ		ORIDA CITY			_
Dear 9	Sir or Madam:		·		
The er	nclosed Registered Agent/Reg	istered Office (	Change and fe	ee(s) are submitted for filing.	
Please	return all correspondence cor	ncerning this m	atter to the fo	llowing:	
	TONY FORT	·E			
	Name of Person				
	FLORIDA CITY APART	MENTS LLC	<u></u>		
	18377 SW 154	ST	······································		
	MIAMI, FLORIDA City/State and Zip Cod				
16-	TONYFORTE1@GM	AIL.COM	on)		
For fu	rther information concerning t	his matter, plea	ase call:		
	TONY FORTE	at (	305 )	527-2252	
•	Name of Person		Area Co	de & Daytime Telephone Number	
	STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	SS:	Registratio Division of P.O. Box 6	f Corporations	
	Enclosed is a check for the	following amo	unt:		
	\$25 Filing Fee		S55 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.

Name of the limited liability company: FLORIDA CITY APARTMENTS LLC					
2. (a) Principal office address of limited liability	company: 18377 SW 154 ST				
(Note: MUST BE STREET ADDRESS)	MIAMI, FLORIDA 33187	MIAMI, FLORIDA 33187			
(b) Mailing address of limited liability compan	y: <u>18377 SW 154 ST</u>				
(Note: MAY BE POST OFFICE BOX)	MIAMI, FLORIDA 33187				
06/08/2006	L06000058383				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office sh	own on the records of the Florida Dept. of State:				
Registered Agent:	MAHER GHAFIR	_			
Registered Office Address:	18377 SW 154 ST MIAMI, FLORIDA 33187	_			
(b) Enter name of <b>NEW Registered Agent</b> and <b>NEW</b> Registered Agent:	I/or NEW Registered Office address SSET ARY				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES	18377 SW 154 ST				
	MIAMI ŞIFE 33487				
If the limited liability company is not organized un confirmed that after the change or changes are mad and the business office of the registered agent will liability company, it is hereby confirmed that the clof the members of the limited liability company or or the operating agreement of the limited liability company or or the operating agreement of the limited liability company or or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the limited liability or the limite	der the laws of the State of Florida, it is hereby le, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization ompany.				
TONY FORTE  Printed or typed name of signee	<del></del>				
I hereby accept the appointment as registered ages 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 document is being file address. Thereby confirm that the limited limitity of Signature of Registered Agent	of and agree to act in this capacity. I further agree to the proper and complete performance of my duties, if my position as registered agent as provided for in id to merely reflect a change in the registered office company has been notified in writing of this change.	9			
<i>'</i>	Box 6327, Tallahassee, FL 32314				

**FILING FEE: \$25.00** 

INHS18 (05/08)