

L060000100066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

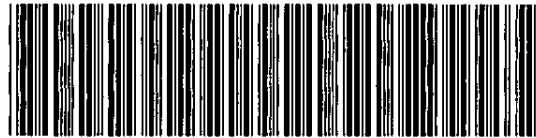
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALPAIN, SCOTT D  
JAN 23 2009

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FILED

S. HAWKES  
JAN 26 2009  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Palm Residences Development, 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:

Carlos A. Romero, Jr.  
(Name of Person)

Post & Romero  
(Firm/Company)

3195 Ponce de Leon Blvd., Suite 400  
(Address)

Coral Gables, FL 33134  
(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos A. Romero, Jr. at ( 305 ) 445-0014  
(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: Palm Residences Development, LLC

2. (a) Principal office address of limited liability company: c/o Post & Romero  
**(Note: MUST BE STREET ADDRESS)** 3195 Ponce de Leon Blvd., Suite 400  
Coral Gables, FL 33134

(b) Mailing address of limited liability company: same  
**(Note: MAY BE POST OFFICE BOX)**

10/12/2006

3. Date of filing/registration in Florida

L06000100066

4. Document number

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

Registered Agent: REGISTERED AGENTS OF FLORIDA, LLC

Registered Office Address: 100 S.E. SECOND STREET SUITE 2900  
MIAMI FL 33131

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

NEW Registered Agent: Law Office of Carlos A. Romero, Jr., PA

NEW Registered Office Address: 3195 Ponce de Leon Blvd., Suite 400  
**(MUST BE FLORIDA STREET ADDRESS)** Coral Gables, FL 33134 FL 33134

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.

[Signature]  
(Signature of a member or authorized representative of a member)

Jose R. Dubon, authorized representative of sole member  
(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.*

[Signature]  
(Signature of Registered Agent)

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