

FILED
Apr 28, 2008 8:00 am
Secretary of State

60030431

[illegible]


04242008 Chg-LLC CR2E083 (12/06)

4. FEI Number	20-8153439	Applied For
		Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

DOCUMENT # L06000122606

1. Entity Name
812 PROPERTIES LLC



Principal Place of Business	Mailing Address
2700 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	2700 ALHAMBRA CIRCLE CORAL GABLES, FL 33134

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	
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THOMAS, BRADFORD A 901 PONCE DE LEON BLVD., FLOOR 10 CORAL GABLES, FL 33134	Name
	Street Address
	City

7. Name and Address of New Registered Agent

(P.O. Box Number is Not Acceptable)

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

**Make check payable to
Florida Department of State**

9.	MANAGING MEMBERS/MANAGERS	10.	ADDITIONS/CHANGES
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TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOOVER, JOHN W JR.		NAME		
STREET ADDRESS	2423 ALHAMBRA CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		

TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAPPAPORT, MELBOURNE		NAME	
STREET ADDRESS	5546 CROYDON COURT		STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Add
NAME		NAME	Elizabeth J. Hoover		
STREET ADDRESS		STREET ADDRESS	2700 Alhambra Circle		
CITY-ST-ZIP		CITY-ST-ZIP	Coral Gables FL 33134		

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Elizabeth J. Hoover Elizabeth J. Hoover, MGR 4/24/08 305-642-6220 ext 151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____