## L0700000 2319

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





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Section 10 APR 39

MAY 12 2014 C. CARROTHERS

## **COVER LETTER**

TO:	Registration Se Division of Co					
SUBJ	ECT:			Avenue ability Company	LLC	
Dear S	Sir or Madam:					
The er	nclosed Register	ed Agent/Registe	red Office Char	oe and fee(s) are submi	itted for filing.	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Holly Cohen Name of Person						
Holly Cohen PA Firm/Company						
_12	700	Discoyne Address	BIVD	± 40)		
North Miami FL 33181  City/State and Zip Code						
Holly Cohen, pa@ bellsouth, net						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Hole	ly Cohen	Person	at ( <u>30</u>	S P91-28	ephone Number	
	STREET/COU Registration Se Division of Con Clifton Buildin 2661 Executive Tallahassee, Flo	porations g : Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 323		
Enclosed is a check for the following amount:						

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

INHS18 (12/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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.

cour, in the chart of I terrain	
1. Name of the limited liability company: 5055	Collins Avenue, LLC
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	NORTH MIAMI O, FL 33/8/
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	North MIAMI, 71 33181
01 05 2007  3. Date of filing/registration in Florida	<u>L0700000 2319</u> 4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Susan vogel
Registered Office Address:	3440 N. Park Load Hollywood, 78 33021
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	CW Registered Office address:
NEW Registered Agent:  NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)	12700 Biscoyne BIVD 1 #401 N. MIAMI ,FL 3318)
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change is the members of the limited liability company or as otherwise the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the registered office
Printed or typed name of signee  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 605, F.S. Or, if this document is being filed to m address, Thereby Confirm that the limited liability company.  Signature of Registered Agent  Division of Corporations, P.O. Box 6	roper and complete performance of thy duties, osition as registered agent as provided for in erely reflect a change in the registered office my has been notified in writing of this change.
Division of Corporations, 1.O. Dox o	UMIS - MIRGHINGOVO, I'LL UMULT

**FILING FEE: \$25.00**