100025592

(Requestor's Name)
(Address)
(Addiess)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sasiness Emily Hame)
(Document Number)
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EXAMINER



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DIVISION OF CORPORATION

COVER LETTER				
TO: Registration Section Division of Corporations				
SUBJECT: Registered Agent Address Change (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:				
Alan S Macken (Name of Person) Ver-Mac Properties 7 LLC				
(Firm/Company)				
17071 West Dixie Hwy (Address)				
North Miami Beach FL 33160				
(City/State and Zip Code)				
For further information concerning this matter, please call:				

STREET/COURIER ADDRESS:

(Name of Person)

Samantha Thompson

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

354-9132

(Area Code & Daytime Telephone Number)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

at (305

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

Pursuant to the provisi liability company submit agent, or both, in the Sta	its the following s	08.416 or 608.508, Florida Statutes, tatement in order to change its regis	the undersigned limited tered office or registered	
1. The name of the limit	ted liability compa	any is: Ver-Mac Properties 7 LLC	<u> </u>	
2. The mailing address	of the limited liab	ility company is : 17071 West Dixie Hy	vy North Miami Beach	
FL 33160				
03/08/2007		L07000025592		
3. Date of filing/registration in Florida		4. Document number		
	tered agent and the	e registered office address as shown o		
•	Alan S Macke	en		
		Name		
•	450 Ocean Blv		Minnig	
	Colden Decek	Address		
	Golden Beach	City, State and Zip	78E	
6. The name and address	of the new regist	•	ÉECRETAR VISION OF A	
	Alan S Macker	١	تتتبرح الت	
17071 West Dixi		Name	ORPORATI	
			; A	
	Florida street a	address (P.O. Box NOT acceptable)	J Om	
	North Miami Be	ach FL 33160 US		
	(City, State and Zip		
confirmed that after the c and the business office liability company it is he	change or changes I the registered age ereby confirmed the mited liability con	nized under the laws of the State of Fisher made, the Florida street address of the will be identical. Or, in the case of that the change(s) was/were authorized in the iability company.	of the registered office of a Florida limited I by an affirmative vote	
(Signature of a member or autho	orized representative of a	a member)		
Alan S Macken				
(Printed or typed name of signed	:)			
I hereby accept the appo comply with the provision and I am tamiliar with an Chapter 108, F.S. Or, if address I hereby confirm	ointment as registe ns of all statules r nd accept the oblivithis document is the this document is the limited l	ered agent and agree to act in this cap elative to the proper and complete pe gations of my position as registered a being filed to merely reflect a change iability company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	