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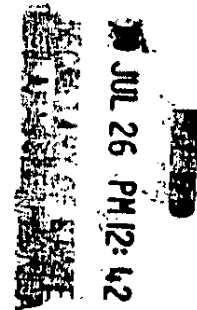
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S. HAWKES

JUL 27 2010

EXAMINER



**BERGER SINGERMAN**  
attorneys at law

*Boca Raton Fort Lauderdale Miami Tallahassee*

GIVING BACK MOVING FORWARD

Michael R. Harris  
(561) 893-8717  
MHarris@bergersingerman.com

July 22, 2010

Registration Section  
• Division of Corporations  
PO Box 6327  
• Tallahassee, FL 32314

Re: Schlanger Enterprises, LLC, JCD Enterprises, LLC, and Schlanger Glen Cove, LLC

Dear Sir or Madam:

Enclosed are Cover Letter and Statement of Change of Registered Agent forms for the above three entities. A check in the amount of \$75.00 in payment of your filing fee is also enclosed.

If you are in need of any additional documentation, or information, please contact me.

Very truly yours,

BERGER SINGERMAN

  
Michael R. Harris

MRH:ebc  
Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Schlanger Glen Cove, 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:

Michael R. Harris, Esq.

Name of Person

Berger Singerman

Firm/Company

2650 N. Military Trail

Address

Boca Raton FL 33431

City/State and Zip Code

mhharris@bergersingerman.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael R. Harris

Name of Person

at ( 561 )

241-9500

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: Schlanger Glen Cove, LLC

2. (a) Principal office address of limited liability company: 19685 Oak Brook Circle

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**(Note: MUST BE STREET ADDRESS)**

Boca Raton FL 33434

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(b) Mailing address of limited liability company:

**(Note: MAY BE POST OFFICE BOX)**

19685 Oak Brook Circle

Boca Raton FL 33434

5/11/2007

3. Date of filing/registration in Florida

4. Document number

L07000050425

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

Registered Agent:

BSPA Corporate Services, Inc.

Registered Office Address:

350 East Los Olas Blvd., Suite 1000

Ft. Lauderdale FL 33301

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

**NEW** Registered Agent:

Michael R. Harris

**NEW** Registered Office Address:

2650 N. Military Trail

**(MUST BE FLORIDA STREET ADDRESS)**

Suite 240

Boca Raton, FL 33431

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.

Darren Schlanger  
Signature of a member or authorized representative of a member

Darren Schlanger

Printed or typed name of signer

*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.*

Michael R. Harris  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00