## L07000000401

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(Address)				
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(Document Number)				
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SECRETARY OF STATE
TAIL AHASSEF FLORIDA

T. HAMPTON SEP 2 6 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporation	ns		
SUBJECT: <u>CHANGING</u>			
	(Name of Li	mited Liability Compa	ny) .
		·	,
Dear Sir or Madam:			
The enclosed Registered Ager	nt/Registered Office	Change and fee(s) are	e submitted for filing.
Please return all corresponden	ce concerning this	matter to the following	;
	·		,
Dociel Ko	rikel	,	
- Dariel Ko	Person)		·
•			
(Firm/Cor	прапу)	<del></del>	٠.
	,		
7200 W. (amini	Real, Suite	302	•
(Addres	is)	<del>-</del>	
	2	•	• •
	1 33133		
(City/State and	d Zip Code)		
For further information concer	rning this matter, p	lease call:	
Daniel Kaskel	at (	561 239-	26/0
(Name of Perso			me Telephone Number)
STREET/COURIER A	DDRESS:	MAILING ADDI	RESS:
Registration Section		Registration Section	
Division of Corporations	3	Division of Corporations	
Clifton Building		P.O. Box 6327	
2661 Executive Center C Tallahassee, Florida 323		Tallahassee, Floric	1a 32314
Enclosed is a check fo		nount:	·
	3		& Certified Copy
\$25 Filing Fee * 17		· 🗀 🏚 DOLLING LEG (	L Commod Copy
INHS18 (5/08) \$ 425.00			

## 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: Landmark	e at Doral, LC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	any: 7200 W. (OMINO Red Suite 302 Boco Redon FL 33433
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	Same
3. Date of filing/registration in Florida	<u>Lo70000 6640/</u> 4. Document number
5. (a) Registered Agent and Registered Office shown of	
Registered Agent:	Daniel A. Kuskel, P.A.
Registered Office Address:	Beca Baton, Pt 33/33
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>N</b>	VEW Registered Office address:
NEW Registered Agent:	Kodsi Law FIRM, P.A.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	701 W. Cyptess Cleek Road Softe 303 Fort Conderdate FL 33309
If the limited liability company is not organized under that after the change or changes are made, the Florida stoffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the article limited liability company.  (Signature of a number or authorized representative of a member)  (Printed or typed name of signec)  I hereby accept the appointment as registered agent are comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my posit F.S. Or, if this document is being filed to merely reflect confirm that the limited liability company has been noted.	ereet address of the registered office and the business e case of a Florida limited liability company, it is ed by an affirmative vote of the members of the limited as of organization or the operating agreement of the AHASSEE OF STARY OF
(Signature of Berline)	

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