

**L07000070175**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan JAN 12 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A NOY DEVELOPMENT II, 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:

Fiona Sabin

Name of Person

A NOY DEVELOPMENT II, LLC

Firm/Company

13055 SW 238TH Street

Address

Homestead, FL 33032

City/State and Zip Code

fionas@cows-usa.com

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

For further information concerning this matter, please call:

Fiona Sabin

Name of Person

at ( 786 ) 242-6800

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2016 JAN 11 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 19, 2015

FIONA SABIN  
13055 SW 238TH STREET  
HOMESTEAD, FL 33032

SUBJECT: A NOY DEVELOPMENT II, LLC  
Ref. Number: L07000070175

We have received your document for A NOY DEVELOPMENT II, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 115A00024472

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: A NOY DEVELOPMENT II, LLC

2. (a) A NOY DEVELOPMENT II, LLC (b) A NOY DEVELOPMENT II, LLC

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

13055 SW 238TH STREET

HOMESTEAD, FL 33032

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

13055 SW 238TH STREET

HOMESTEAD, FL 33032

07/05/2007

L07000070175

3. Date of filing/registration in Florida

4. Document number

5. (a) RAFFERTY, STOLZENBURG, GELLES & FLYNN P.A.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1401 BRICKELL AVE, SUITE 825

MIAMI, FL 33131

(b) LEGON, FODIMAN, P.A.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1111 BRICKELL AVE, SUITE 2150

MIAMI, FL 33131

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.

[Signature]  
Signature of a member or authorized representative of a member

Michael Frank  
Printed or typed name of signee

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 605, 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.

[Signature]  
Signature of Registered Agent

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

FILING FEE: \$25.00

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16 JAN 11 AM 11:57  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA