## L01000/08330

| (Requestor's Name)                           |  |  |
|--|--|--|
| (Address)                                    |  |  |
| (Address)                                    |  |  |
|  |  |  |
| (City/State/Zip/Phone #)                     |  |  |
| PICK-UP WAIT MAIL                            |  |  |
| (Business Entity Name)                       |  |  |
| <b>,</b> , , , , , , , , , , , , , , , , , , |  |  |
| (Document Number)                            |  |  |
| Certified Copies Certificates of Status      |  |  |
| Special Instructions to Filing Officer:      |  |  |
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Office Use Only



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SECRETARY OF STATE
AND AM ASSEE, FLORIDA

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**EXAMINER** 

## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 19, 2010

ROBERT PRESTON 1560 S. OCEAN, LLC 477 S. ROSEMARY AVE SUITE 316 WEST PALM BEACH, FL 33401

SUBJECT: 1560 S. OCEAN, LLC Ref. Number: L07000108330

We have received your document for 1560 S. OCEAN, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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 (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 510A00009537

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |  |           |
|--|---|--|-----------|
| SUBJECT: 1560 S. OCEAN   | d 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 m   | natter to the following:  |  |           |
| ROBERT FRESTON Name of Person  | ·   |  |           |
| 1560 S. OCEAN LLC  |   | 74 21                                  | ,         |
| 477 S. ROSEMARY AVE  |   | 2010 APR 30<br>SECRETARY<br>TALLAHASSE | gr. 100 M |
| W. Paun Beauty, FL 334 City/State and Zip Code   | 01  | AM & 59                                |           |
| E-mail address: (to be used for future annual report notification  | 19 biz  | <b>→</b>                               |           |
| For further information concerning this matter, ple  | ease call:  |  |           |
| at (   | 561 847 -2013   | <del>-</del>                           |           |
| Name of Person   | Area Code & Daytime Telephone Nun   | nber                                   |           |
| 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 am   | ount:   |  |           |
| \$25 Filing Fee  | \$55 Filing Fee & Certified Cop   | у                                      |           |

## 4 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:  | S. OCEAN, U.C   |
|--|---|
| 2. (a) Principal office address of limited liability company   | 477 S. ROSEMARY AVE   |
| (Note: MUST BE STREET ADDRESS)   | W. PALM BEACH, FL 33401   |
| (b) Mailing address of limited liability company:  | SAME  |
| (Note: MAY BE POST OFFICE BOX)   |   |
| 10/23/07   | L07000108330  |
| 3. Date of filing/registration in Florida  | I. Document number  |
| 5. (a) Registered Agent and Registered Office shown on the   | ne records of the Florida Dept. of State:   |
| Registered Agent:  | Kenneth M. Kaker , A TI   |
| Registered Office Address:   | 555 NO. Congress Ave 301 Boynton Beach, RE 32426  |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> <u>NEW Registered Office Address:</u> <u>(MUST BE FLORIDA STREET ADDRESS)</u>  | Registered Office address: 25 25 25 25 25 25 25 25 25 25 25 25 25   |
| If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fland the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company.  Signature of a member or authorized representative of a member | orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization  |
| STEWART A. SATTER MERM   |   |
| Printed or typed name of signee  | •   |
| I hereby accept the appointment as registered agent and as comply with the provisions of all statules relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, P.S. Or of this document is being filed to mer address. Thereby confirm that the limited liability company   | gree to act in this capacity. I further agree to<br>per and complete performance of my duties,<br>ition as registered agent as provided for in<br>ely reflect a change in the registered office<br>has been notified in writing of this change. |

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