

L07000108401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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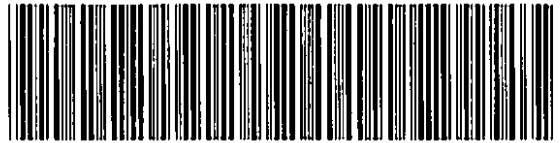
(Business Entity Name)

(Document Number)

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✓ SALY

JUL 11 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STATION TWELVE 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:

Patrick Alayon, Esq.

\_\_\_\_\_  
Name of Person

Alayon and Associates, P.A.

\_\_\_\_\_  
Firm/Company

135 San Lorenzo Ave. Suite 820

\_\_\_\_\_  
Address

Coral Gables, FL 33146

\_\_\_\_\_  
City/State and Zip Code

palayon@alayonlaw.com

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

For further information concerning this matter, please call:

Patrick Alayon, Esq.

\_\_\_\_\_  
Name of Person

at ( 305 ) 216-4086

\_\_\_\_\_  
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 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: STATION TWELVE LLC
2. (a) 2901 W. BROWARD BLVD  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
FORT LAUDERDALE, FL 33312 UN
- (b) C/O CONTINENTAL SERVICES GROUP, INC.  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
P.O. BOX 420950  
MIAMI, FL 33242-0950
3. 10/25/2007 Date of filing/registration in Florida
4. L07000108401 Document number
5. (a) GLASSER, GENE K, Esq.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
GREENSPOON MARDER, P.A.  
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)  
200 EAST BROWARD BLVD. SUITE 1800  
FORT LAUDERDALE, FL 33301
- (b) A&A REGISTERED AGENT, INC.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
135 SAN LORENZO AVENUE SUITE 820  
NEW Registered Office Address:  
Coral Gables, FL 33146

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CLERK OF THE COURT  
STATE OF FLORIDA

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.

Richard W Capik  
Signature of a member or authorized representative of a member

Richard W Capik Managing member  
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.*

Richard W Capik  
Signature of Registered Agent