

07000110483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

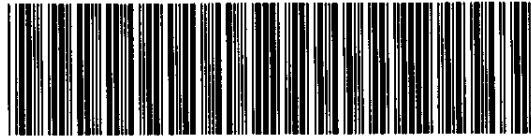
(Business Entity Name)

(Document Number)

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FLORIDA

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12/13
OFF

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 55 Merrick Verdes, 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:

Fred E. Glickman

Name of Person

Fred E. Glickman P.A.

Firm/Company

9200 So Dadeland Blvd. #508

Address

Miami, Florida 33156

City/State and Zip Code

fred@kwglawoffices.com

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

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For further information concerning this matter, please call:

Fred E. Glickman at (305) 670-0987

Name of Person

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

November 18, 2013

FRED GLICKMAN
9200 S DADELAND BLVD #508
MIAMI, FL 33156

SUBJECT: 55 MERRICK VERDES, LLC
Ref. Number: L07000110483

We have received your document for 55 MERRICK VERDES, 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 the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 313A00026599

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: 56 Merrick Verdes, LLC

2. (a) Principal office address of limited liability company: 1800 Ponce de Leon Blvd. PH-1
(Note: MUST BE STREET ADDRESS) Coral Gables, FL 33134

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

10/30/2007

L07000110483

3. Date of filing/registration in Florida

4. Document number

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 E. Las Olas Blvd. Suite 1000
Fl. Lauderdale, FL 33301

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

NEW Registered Agent: Fred E. Glickman P.A.

NEW Registered Office Address: 9200 South Dadeland Blvd. Suite 508
(MUST BE FLORIDA STREET ADDRESS) Miami, FL 33156

FL

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

Yife Tian
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 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.

[Signature]
Signature of Registered Agent

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

13 DEC 2007 PM 2:20

FILED
STATE OF FLORIDA

APPROVED
FILED