10800004318

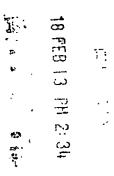
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
	,	

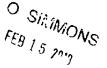
Office Use Only



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02/13/18--01015--002 **25.00





COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: St. Tropez Beach Developers, 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:
Nury Trutillo Name of Person
United Property Mgt
8730 NW BLO AVE
Miami FL 33147 City/State and Zip Code
Ntrutilo Cunited Propertymgt. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (905) 55%. COULO 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:

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

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.

L N	ame of the limited liability company: St. Tropez Beach	n Developers, LLC
2. (a)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 301	
	Coral Gables, FL 33134	
	1/11/2008 L08	200004318
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	- P
	3211 parce De Lera BIVA	•
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	5
	Suite 301	
	Corai Gabies FL 33134	· · · · · · · · · · · · · · · · · · ·
(b)	Lynn Zovluck	PH 2: 314
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	Q73- NIM DIDAMP	a i
	NEW Registered Office Address:	-
	11'- 22117	
	MIAMI .FL 3914	
the chagent was/w the ar	limited liability company is not organized under the laws of the State of Floange or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is tree authorized by an affirmative vote of the members of the limited liability controls of organization or the operating agreement of the limited liability contains of a member or authorized representative of a member.	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in appany. . H. Barker. Printed or typed name of signee
	eby accept the appointment as registered of ent and agree to act in this cap tions of all statutes relative to the proper and complete performance of my ligations of my position of Peristered agent as provided for in Chapter 603 rely reflect a change in the registered office address, I hereby confirm that ed in writing of this change.	acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been
Signat	use of Registered Agent	
	Division of Cornerations P.O. Ray 6327a Tallahas	coo El 32314

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 3231-FILING FEE: \$25.00