

LO8000010357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

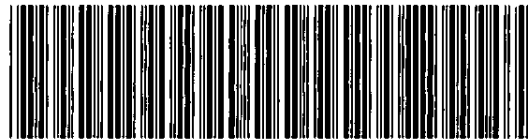
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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03/31/08--01047--002 \*\*25.00

FILED  
08 MAR 31 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



**CAPITOL  
SERVICES**

March 25, 2008

FLORIDA SECRETARY OF STATE  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: **MY FAVORITE SHOPPES PLAZA LLC**

Dear Filing Officer:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations, for the above referenced name, which is to be filed in your office. Also enclosed is check #14504 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions, please contact x353 at 800-345-4647.

Thank you,

Myra Simmons-Homer  
Registered Agent Services  
Enclosures

PO BOX 1831  
AUSTIN, TX 78767

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MY FAVORITE SHOPPES PLAZA 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:

Myra Homer  
(Name of Person)

Capitol Corporate Services, Inc.  
(Firm/Company)

800 Brazos, Suite 400  
(Address)

Austin, Texas 78701  
(City/State and Zip Code)

For further information concerning this matter, please call:

Myra Homer at ( 800 ) 345-4647  
(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

**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. The name of the limited liability company is: MY FAVORITE SHOPPES PLAZA LLC

2. The mailing address of the limited liability company is: \_\_\_\_\_

3701 N. Country Club Dr., 1404, Aventura, FL 33180

1/29/2008

L08000010357

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Barazi, Maan

Name

3701 N. Country Club Dr., 1404

Address

Aventura, FL 33180

City, State and Zip

6. The name and address of the new registered agent and/or office:

Capitol Corporate Services, Inc.

Name

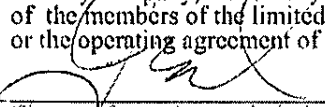
155 Office Plaza Drive, Suite A

Florida street address (P.O. Box NOT acceptable)

Tallahassee FL Florida 32301

City, State and Zip

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 of a member or authorized representative of a member)

Ramy Eidi  
(Printed or typell 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.*

Delanie Case  
(Signature of Registered Agent)

Delanie Case, Asst. Secretary on Behalf of Capitol Corporate Services, Inc.

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

FILING FEE: \$25.00

INHS18 (8/05)

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**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**