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D. BRUCE

MAY 3 0 2012

EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: 12425 NW 7AC 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:		
Robert Bailey		
Name of Person		
Firm/Company		
401 E Las Olas Blvd Suite 130-521	ゔ	
Address Co	V 0 0	
Ft Lauderdale, FL 33301	.*	
City/State and Zip Code	-	
goodeartharanman@earthlink.net		
goodearthpropman@earthlink.net E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Robert Bailey at (954) 463-9099	-	
Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section		
Clifton Building P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee & Certified Copy		

INHS18 (5/08)

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: 12425	5 Nu 7 Are 1	10
2. (a) Principal office address of limited liability compan	ny: 401 East Las	Olas Blvd
(Note: MUST BE STREET ADDRESS)	Suite 130-521 Ft Lauderdale, FL 33301	
(b) Mailing address of limited liability company:	401 East Las Olas	Blvd
(Note: MAY BE POST OFFICE BOX)	Suite 130-521 Ft Lauderdale, FL 33301	
2/8/08	L080000143	67
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dep	ot. of State:
Registered Agent:	Robert Baily	
Registered Office Address:	14831 Nu 7	Ace 3-3160
		<u> </u>
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address	MAY 2
NEW Registered Agent:	Robert Bailey	1 6 ANS
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	401 East Las Olas Blvd Suite 130-521 Ft Lauderdale	ディー
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized appresentative of a member	Florida street address of the reg ntical. Or, in the case of a Flor s) was/were authorized by an a erwise provided in the articles of	gistered office ida limited iffirmative vote
Robert Bailey		
Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability company	agree to act in this capacity. I roper and complete performan position as registered agent as p perely reflect a change in the re ny has been notified in writing	further agree to ce of my duties, provided for in gistered office of this change.
Signature of Registered Agent		
Digitalian of Registered rigoni		

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

INHS18 (05/08)