L08006029383

(Requ	uestor's Name)	
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(City/	State/Zip/Phone	e #)
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SECRETARY OF STATE DIVISION OF CORPORATION

10 JUL 26 PM 2:29

T. HAMPTON

JUL 27 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
	ky & Allen, P.L. d 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:			
Richard L. Allen, Esq. Name of Person	· 		
Solowsky & Allen, P.L. Firm/Company	<u></u>		
915 Miami Center, 201 S. Biscayne Bly Address	d.		
Miami, FL 33131 City/State and Zip Code			
rallen@salawmiami.com E-mail address: (to be used for future annual report notificat	ion)		
For further information concerning this matter, please call:			
	305) 371-2223		
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		



915 MIAMI CENTER

201 S. BISCAYNE BOULEVARD

BROWARD 954.522.5688

TELEPHONE 305.371.2223

MIAMI, FLORIDA 33131

FAX 305.373.2073

July 2, 2010

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

Re:

Change of Address of Registered Agent

Dear Sir/Madam:

Enclosed please find a Cover Letter, Statement of Change of Registered Office or Registered Agent or Both for Corporations, and a check made payable to the Department of State in the amount of \$35.00 for following entities:

- 1. Solowsky & Allen, P.L.
- 2. Pertnoy, Solowsky & Allen, P.A.
- 3. Cbrow, Inc.
- 4. JDade, Inc.
- 5. Gumberg Asset Management Corp.
- 6. Gumberg Realty Advisors, Inc.
- 7. Gumberg Property Investors, Inc.
- 8. Sharon Gilbert, DMD, P.A.
- 9. Coral Springs Dental Care, P.A.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

ICHARD L. ALLEN

RLA/ml

Enclosures

M:\Main\STAFF\PARTNERS\Allen\J.ETTERS\L-Dep-State-Amendment-7-2-10.wpd



Richard L. Allen

915 MIAMI CENTER

201 S. BISCAYNE BOULEVARD

MIAMI, FLORIDA 33131

www.salawmiami.com

TELEPHONE 305.371.2223

BROWARD 954.522.5688

FAX 305.373.2073

RAllen@salawmiami.com

July 15, 2010

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

Attention: Tammy Hampton

Regulatory Specialist II

Re: Solowsky & Allen, P.L.

Your Ref. Number: L08000029383

Change of Address of Registered Agent

Dear Ms. Hampton:

Enclosed please find a copy of your letter to undersigned counsel dated July 12, 2010 in the above-referenced matter. Pursuant to your letter, the form we had previously submitted to the Florida Department of State was incorrect.

Enclosed please find the correct Cover Letter and Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company. The filing fee for processing this is \$25.00. We previously forwarded to you a check made payable to the Department of State in the amount of \$35.00. Please send to undersigned counsel a refund check in the amount of \$10.00 made payable to Solowsky & Allen, P.L.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

RICHARD L. ALLEN

RLA/ml Enclosures

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M:\Main\STAFF\PARTNERS\Allen\LETTERS\L-Dep-State-Amendment-7-15-10.wpd



Richard L. Allen

915 MIAMI CENTER

201 S. BISCAYNE BOULEVARD

MIAMI, FLORIDA 33131

www.salawmiami.com

TELEPHONE 305.371,2223

BROWARD 954.522.5688

FAX 305.373.2073

RAllen@salawmiami.com

July 23, 2010

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

Attention: Tammy Hampton

Regulatory Specialist II

Re: Solowsky & Allen, P.L.

Your Ref. Number: L08000029383

Change of Address of Registered Agent

Dear Ms. Hampton:

Enclosed please find a copy of your letter to undersigned counsel dated July 19, 2010 in the above-referenced matter. Pursuant to your letter, the form we had previously submitted to the Florida Department of State was missing a signature.

Enclosed please find the executed Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company. The filing fee for processing this is \$25.00. We previously forwarded to you a check made payable to the Department of State in the amount of \$35.00. Please send to undersigned counsel a refund check in the amount of \$10.00 made payable to Solowsky & Allen, P.L.

If you have any questions, please do not hesitate to contact me.

Vęry truly yours,

RICHARD L. ALLEN

RLA/ml Enclosures



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 JUL 16 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

July 12, 2010

RICHARD L ALLEN, ESQ SOLOWSKY & ALLEN, P.L 915 MIAMI CENTER - 201 S BISCAYNE BLVD MIAMI, FL 33131

SUBJECT: SOLOWSKY & ALLEN, P.L.

Ref. Number: L08000029383

We have received your document for SOLOWSKY & ALLEN, P.L. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return 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) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 210A00016838



RECEIVED

09 JUL 26 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Division of Corporations

July 19, 2010

9 kg 1/2 1

RICHARD L ALLEN ESW SOLOWSKY & ALLEN PL 915 MIAMI CENTER - 201 S BISCAYNE BLVD MIAMI, FL 33131

SUBJECT: SOLOWSKY & ALLEN, P.L.

Ref. Number: L08000029383

We have received your document for SOLOWSKY & ALLEN, P.L. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return 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) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 110A00017450

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.

Name of the limited liability company:

Solowsky & Allen PI

Name of the limited liability company:	Solowsky & Allen, P.L.
2. (a) Principal office address of limited liability company	: 915 Miami Center
(Note: MUST BE STREET ADDRESS)	201 S. Biscayne Blvd. Miami, FL 33131
(b) Mailing address of limited liability company:	915 Miami Center
(Note: MAY BE POST OFFICE BOX)	201 S. Biscayne Blvd.
	Miami, FL 33131
Mar. 24, 2008	L08000029383
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:	Richard L. Allen, Esq.
Registered Office Address:	150 West Flagler Street
_	Suite 2000 Miami, FL 33130
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:
NEW Registered Agent:	Richard L. Allen, Esq.
NEW Registered Office Address:	915 Miami Center
(MUST BE FLORIDA STREET ADDRESS)	201 S. Biscayne Blvd. Miami ,FL33131
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company; it is hereby confirmed that the change(s) 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 representative of a member Printed or typed name of signce I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions of all statutes relative to the process of the obligations of my possible to the provisions of all statutes relative to the process of the obligations of my possible to the provisions of all statutes relative to the process of the obligations of my possible to the provisions of all statutes relative to the process of the obligations of my possible to the provisions of all statutes relative to the provisions of all statutes	laws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirm iverse wise provided in the articles of organization of CORPORATION OF STATE CORPORATION OF STA
Signature of Registered Agent	

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