

L080000095341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 14 AM 8:30

MAY 15 2012

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EPIC UNIT 4808, 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:

Stuart R. Michelson

Name of Person

Law Office of Stuart R. Michelson

Firm/Company

800 S.E. Third Avenue, Fourth Floor

Address

Fort Lauderdale, Florida 33316

City/State and Zip Code

smichelson@smichelsonlaw.com

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

For further information concerning this matter, please call:

Stuart R. Michelson

Name of Person

at (954)

463-6100

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

LAW OFFICE OF
STUART R. MICHELSON
800 SOUTHEAST THIRD AVENUE
FOURTH FLOOR
FORT LAUDERDALE, FLORIDA 33316
DADE 305-861-1000 BROWARD 954-463-6100
TOLL FREE 866-563-6100
FACSIMILE 954-463-5599

Stuart R. Michelson

Of Counsel
Ilene L. Michelson
Jason H. Coffman

April 13, 2012

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: Statement of Change of Registered Agents

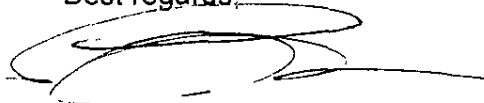
Dear Sir/Madam:

Enclosed please find the Statement of Change of Registered Agent, along with my Trust Account check no. 3494, in the amount of \$150.00, for the required filing fees as referenced below:

<u>Entity</u>	<u>Filing Fee</u>
PC-PH4 CLUB TOWER TWO, LLC	\$25.00
OCEAN TOWER TWO UNIT 1001, LLC	\$25.00
IVY UNIT 506, LLC	\$25.00
EPIC UNIT 5402, LLC	\$25.00
EPIC UNIT 4808, LLC	\$25.00
EPIC UNIT 3805, LLC	\$25.00
TOTAL AMOUNT DUE:	\$150.00

Please provide confirmation of the filing and changing of the Registered Agents for these entities at your earliest convenience. Should you require additional information, please do not hesitate to contact me at (866) 563-6100. Your attention to this matter is greatly appreciated.

Best regards,



Stuart Michelson

SRM/rm
Encl.
2004.669229

LAW OFFICE OF
STUART R. MICHELSON
800 SOUTHEAST THIRD AVENUE
FOURTH FLOOR
FORT LAUDERDALE, FLORIDA 33316
DADE 305-861-1000 BROWARD 954-463-6100
TOLL FREE 866-563-6100
FACSIMILE 954-463-5599

Stuart R. Michelson

Of Counsel

Irene L. Michelson

Jason H. Coffman

May 8, 2012

Florida Department of State
Division of Corporations
Registration Section
Attn: Tammy Hampton, Regulatory Specialist II
P.O. Box 6327
Tallahassee, Florida 32314

Re: Statement of Change of Registered Agents

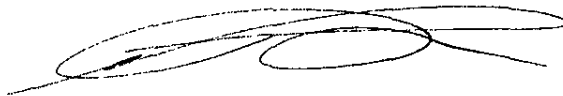
Dear Ms. Hampton

Pursuant to your letters dated April 17, 2012, enclosed please find the amended Statement of Change of Registered Agent for the following entities:

PC-PH4 CLUB TOWER TWO, LLC
OCEAN TOWER TWO UNIT 1001, LLC
IVY UNIT 506, LLC
EPIC UNIT 5402, LLC
EPIC UNIT 4808, LLC
EPIC UNIT 3805, LLC

Please provide confirmation of the filing and changing of the Registered Agents for these entities at your earliest convenience. Should you require additional information, please do not hesitate to contact me at (866) 563-6100. Your attention to this matter is greatly appreciated.

Best regards,



Stuart Michelson

SRM/rm

Encl.

2004.669229 v2



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

12 MAY 14 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 17, 2012

STUART R MICHELSON, ATTORNEY
800 SE THIRD AVE
4TH FLOOR
FT LAUDERDALE, FL 33316

SUBJECT: EPIC UNIT 4808, LLC
Ref. Number: L08000095341

We have received your document for EPIC UNIT 4808, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 212A00012004

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: EPIC UNIT 4808, LLC
2. (a) Principal office address of limited liability company: 800 SE THIRD AVE., 4TH FLOOR

(Note: MUST BE STREET ADDRESS)

FT. LAUDERDAL, FL 33316

- (b) Mailing address of limited liability company:

SAME

(Note: MAY BE POST OFFICE BOX)

10/08/2008

L08000095341

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:

AGI REGISTERED AGENTS, INC.

Registered Office Address:

1000 BRICKELL AVE., STE. 300
MIAMI, FL 33131

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

NEW Registered Agent:

STUART R. MICHELSON, ESQ.

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

800 SE THIRD AVE.

4TH FLOOR

FT. LAUDERDALE, FL 33316

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

RENZO COEN

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 of Registered Agent

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

FILING FEE: \$25.00