

L1000017685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

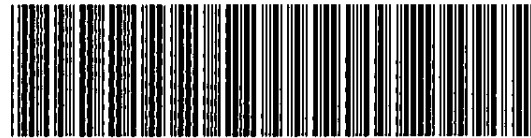
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11 DEC -8 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DLD PROPERTIES 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:

JOEL REINSTEIN

Name of Person

JOEL REINSTEIN, P.A.

Firm/Company

1200 N. FEDERAL HIGHWAY, #301

Address

BOCA RATON, FL 33432

City/State and Zip Code

JOEL@REINSTEINLAW.COM

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

For further information concerning this matter, please call:

ROBIN JOHNSON

Name of Person

at (561)

393-6714

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

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DLD NEW SMYRNA, LLC
Name of Corporation

DOCUMENT NUMBER: L10000117685

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joel Reinstein
Name of Contact Person

Joel Reinstein, P.A.
Firm/Company

1200 N. Federal Highway, Suite 301
Address

Boca Raton, FL 33432
City/State and Zip Code

joel@reinsteinlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin Johnson at (561) 393-6714
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: DLD PROPERTIES LLC
2. (a) Principal office address of limited liability company: 7050 W. PALMETTO PARK ROAD

(Note: MUST BE STREET ADDRESS)

#15-646

BOCA RATON, FL 33433

- (b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

SAME AS ABOVE

10-29-2008

L08000101829

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:

JOEL REINSTEIN

Registered Office Address:

925 S. FEDERAL HIGHWAY, SUITE 325

BOCA RATON, FL 33433

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

NEW Registered Agent:

(SAME AS ABOVE)

NEW Registered Office Address:

1200 N. FEDERAL HIGHWAY, 301

(MUST BE FLORIDA STREET ADDRESS)

BOCA RATON, FL 33432

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.

Diane L. Dasilva
Signature of a member or authorized representative of a member

DIANE L. DASILVA, PRESIDENT

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.

Joel Reinste
Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
11 DEC -8 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA