

#L08000/09/98

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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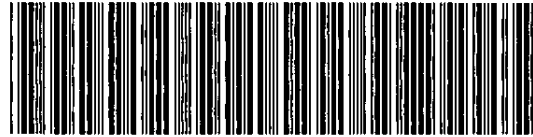
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
AUG 13 2012



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2012

A&N MANAGEMENT, INC.
STEVEN F COHEN
902 CLINT MOORE RD, STE. 110
BOCA RATON, FL 33487

SUBJECT: A&N REALTY, LLC
Ref. Number: L08000109198

We have received your document for A&N REALTY, LLC and your check(s) totaling \$90.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is an incomplete amendment form with a cover letter for a change of registered agent form. Enclosed is a change of Registered Agent form for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 612A00019163

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A&N Realty 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:

STEVEN COHEN
Name of Person

A&N REALTY, LLC
Firm/Company
902 CLINT MOORE RD
SUITE 110
Address

BOCA RATON FL 33487
City/State and Zip Code

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

For further information concerning this matter, please call:

STEVE COHEN at (561) 982-8633
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

prepaid

AUG 03 2012

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: A & N Realty LLC

2. (a) Principal office address of limited liability company: 902 Clint Moore Road, Suite 110

(Note: **MUST BE STREET ADDRESS**)

Boca Raton, FL 33487

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

11/24/2008

L08000109198

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:

Louis Frangos

Registered Office Address:

902 Clint Moore Road, Suite 110
Boca Raton, FL 33487

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

NEW Registered Agent:

Larry E. Schner, P.A.

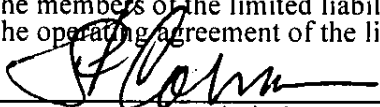
NEW Registered Office Address:

350 Camino Gardens Blvd., Suite 202

(**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.


Signature of a member or authorized representative of a member

STEVEN F. COHEN, MMBK
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