

LD8000111598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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JUN - 9 2010

EXAMINER

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FILED
10 JUN - 7 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Kluger Peretz
Kaplan & Berlin

May 12, 2010

Handwritten note:
Please see with
the following
information

NREIS ACQUISITION, LLC
55 NE FIFTH AVE
STE 502
BOCA RATON, FL 33432

Re: Miami Center Registered Agents, LLC - Registered Agent Services

Dear Sir or Madam:

Please be advised that Miami Center Registered Agents, LLC is no longer acting as a registered agent or providing registered agent services. You must change your registered agent immediately and file the appropriate forms with the State of Florida. We have attached a Statement of Change of Registered Office/Agent for your convenience.

Very truly yours,

A handwritten signature in dark ink, appearing to read 'Richard A. Berkowitz', with a horizontal line drawn through it.

Richard A. Berkowitz
Director of Business and Legal Affairs

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NREIS Acquisition, 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:

Michael Camilleri
Name of Person

USA Title
Firm/Company

55 NE 5th Avenue, Suite 502
Address

Boca Raton, FL 334
City/State and Zip Code

mcamilleri@USATITLE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Camilleri at (561) 910-1056, 703-0457
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

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: NREIS Acquisition, LLC

2. (a) Principal office address of limited liability company: 55 NE 5th Avenue



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

Suite 502
BOCA RATON FL 33432

(b) Mailing address of limited liability company:



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

PO Box 880625
BOCA RATON FL 33488

LO8000111598

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:

Miami Center Registered Agents LLC

Registered Office Address:

201 S. Biscayne Blvd
Suite 1700
MIAMI FL 33138

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

NEW Registered Agent:

Michael Camilleri

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

USA Title
55 NE 5th Avenue, Suite 502
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

MICHAEL CAMILLERI

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity, and 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