L09000046699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT

JUL 23 2010

EXAMINER

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2010 JUL 22 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2010

MICHAEL SIERRA, ESQ
703 W. SWANN AVE.
TAMPA, FL 33606

SUBJECT: ASR TAMPA INVESTMENTS, LLC
Ref. Number: L09000046699

We have received your document for ASR TAMPA INVESTMENTS, LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 310A00016777

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASR TAMPA INVESTMENTS, 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 Sierra, Esq.
Name of Person

Michael Sierra, P.A.
Firm/Company

703 W. Swann Ave.
Address

Tampa, FL 33606
City/State and Zip Code

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Michael Sierra, Esq. at (813) 258-3558
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

$35.00 fee previously paid
see attached letter

INHS18 (5/08)

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: ASR TAMPA INVESTMENTS, LLC

2. (a) Principal office address of limited liability company: 5402 No. 56th St.

[x] *(Note: MUST BE STREET ADDRESS)* Tampa, FL 33610

(b) Mailing address of limited liability company: same

[x] *(Note: MAY BE POST OFFICE BOX)*

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TALLAHASSEE, FLORIDA

05/13/2009 — 3. Date of filing/registration in Florida

L09000046699 — 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Frank Miranda

Registered Office Address: 703 W. Swann Ave.
Tampa, FL 33606

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

NEW Registered Agent: Michael Sierra, Esq.

NEW Registered Office Address: *(MUST BE FLORIDA STREET ADDRESS)* 703 W. Swann Ave.
Tampa, FL 33606

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

Arthur Rosenheck
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 certify that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Michael Sierra

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

INHS18 (05/08)