09000067294

| (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 | | |
| NOV 20 2012 | | |
| EXAMINER | | |
| | | |

Office Use Only

800240538058

10/08/12--01014--005 **35.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 12, 2012

MICHAEL MANNO 1401 BRICKELL AVE. SUITE 570 MIAMI, FL 33131

SUBJECT: STEELBRIDGE REAL ESTATE SERVICES, LLC

Ref. Number: L09000067294

We have received your document for STEELBRIDGE REAL ESTATE SERVICES, 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):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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: 812A00025290

COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: <u>Steelbridge Real Fstate Services</u> , 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 Manno Name of Person |
| Steelbridge Real Estate Services, U.C. |
| 1401 Brechell Avenue, 50?te 570 |
| HPami, FL 3313] City/State and Zip Code |
| H Manno Steel bridge. Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| M?chael Manno at (305) 372-8828 |
| Name of Person Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: MAILING ADDRESS: |
| Registration Section Registration Section Division of Corporations Division of Corporations |
| Clifton Building P.O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 |
| Tallahassee, Florida 32301 PEnclosed is a check for the following amount: Already Pond 335. |
| \$25 Filing Fee \$25 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: <u>Steelb?</u> | dge Real Estate Services, U | |
|---|---|--|
| 2. (a) Principal office address of limited liability company | 1401 BACKELL AVENUE | |
| (Note: MUST BE STREET ADDRESS) | 509te 570 MPamp, FL 3313) | |
| (b) Mailing address of limited liability company: | - 1401 BRCKEIL AVENUE | |
| (Note: MAY BE POST OFFICE BOX) | 5594e 570 Hisani, Fl 33131 | |
| 7 13 2009 3. Date of filing/registration in Florida | L09000067294 4. Document number | |
| 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | |
| Registered Agent: | Michael Manno | |
| Registered Office Address: | 999 Brickell Avenue | |
| | Mana, FL 33131 | |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: | | |
| NEW Registered Agent: | Michael Manno | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1401 BACKELL AVENUE 501+6 570 | |
| If the limited liability company is not organized under the legistered that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member or authorized representative of a member | lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization | |
| MICHAEL E. MANNO Printed or typed name of signee | _ | |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the provided I am familiar with and accept the obligations of my post-chapter 608, F.S. Or, if this document is being filed to meadiress, I hereby confirm that the limited liability company | gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas 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