

L09000089/4/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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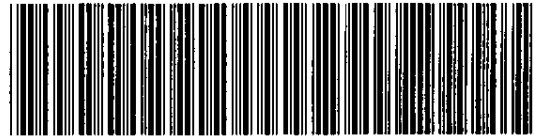
Special Instructions to Filing Officer:

**A. LUNT**

JAN -3 2011

**EXAMINER**

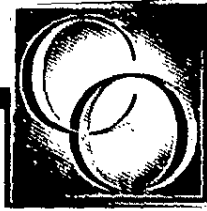
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COCHRAN & OWEN, LLC

Admitted in VA and CT

[mbochenek@cochranowen.com](mailto:mbochenek@cochranowen.com)  
direct dial: 703-847-4482

December 27, 2011

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Meridian Delray, LLC

Dear Sir or Madam:

Enclosed for filing please find the Statement of Change or Registered office submitted on behalf of Meridian Delray, LLC.

A check to cover the \$25 filing fee is enclosed. Please do not hesitate to contact me at 703-847-4482 if you need any additional information.

Sincerely,

Gosia J. Bochenek

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TALLAHASSEE, FLORIDA

Enc.

Dedicated to efficient and effective legal solutions

COCHRAN & OWEN, LLC  
8000 Towers Crescent Drive, Suite 160  
Vienna, Virginia 22182-2700

p: (703)847-4480 • f: (703)847-4499 • [www.cochranowen.com](http://www.cochranowen.com)

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Meridian Delray, 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:

Malgorzata J. Bochenek, Esq.

Name of Person

Cochran & Owen, LLC

Firm/Company

8000 Towers Crescent Drive, Suite 160

Address

Vienna, VA 22182

City/State and Zip Code

mbochenek@cochranowen.com

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

For further information concerning this matter, please call:

Malgorzata J. Bochenek

Name of Person

at ( 703 )

847-4482

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: MERIDIAN DELRAY, LLC

2. (a) Principal office address of limited liability company: 4004 S. OCEAN BOULEVARD

(Note: MUST BE STREET ADDRESS)

HIGHLAND BEACH FL 33487 US

(b) Mailing address of limited liability company:

4004 S. OCEAN BOULEVARD

(Note: MAY BE POST OFFICE BOX)

HIGHLAND BEACH FL 33487 US

09/15/2009

L09000089141

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:

DEBORAH M. MCGINN

Registered Office Address:

4004 S. OCEAN BOULEVARD  
HIGHLAND BEACH FL 33487 US

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

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

2362 S. OCEAN BOULEVARD  
HIGHLAND BEACH, FL 33487  
FL

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.

Deborah M. McGinn  
Signature of a member or authorized representative of a member

Deborah M. McGinn  
Printed or typed name of signer

*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.*

Deborah M. McGinn  
Signature of Registered Agent

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

FILED

2009 DEC 29 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA