

LD900009DS69

(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:

Wrong form

Office Use Only



300272337483

05/01/15--01015--002 **35.00

FILED
15 MAY 26 PM 1:21
TALLAHASSEE, FLORIDA

Lc
RIA Chg

MAY 27 2015

R. WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2015

JEFFREY STEINER CPA
2201 NW 30TH PL
POMPANO BEACH, FL 33069

SUBJECT: LP'S APARTMENT RENTALS, LLC
Ref. Number: L09000090569

We have received your document for LP'S APARTMENT RENTALS, 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 Florida corporation, but your entity is a Florida limited liability company. 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) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 915A00009588

RECEIVED
15 MAY 26 PM 3:39
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LP'S APARTMENT RENTALS, LLC

Name of Corporation

DOCUMENT NUMBER: L09000090569

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEFFREY STEINER, CPA

Name of Contact Person

STEINER & GELBER, PA

Firm/Company

2201 NW 30TH PLACE

Address

POMPANO BEACH, FL 33069

City/State and Zip Code

JEFF@STEINER-GELBER.COM

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

For further information concerning this matter, please call:

JEFF STEINER

Name of Contact Person

at (954) 969-8786

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LP'S APARTMENT RENTALS, 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:

JEFFREY STEINER, CPA

Name of Person

STEINER & GELBER, PA

Firm/Company

2201 NW 30TH PLACE, SUITE A

Address

POMPANO BEACH, FL 33069

City/State and Zip Code

JEFF@STEINER-GELBER.COM

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

For further information concerning this matter, please call:

JEFFREY STEINER

Name of Person

at (954) 969-8786

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 605.0114 or 605.0116, 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: LP'S APARTMENT RENTALS, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

905 SW COCONUT DRIVE

905 SW COCONUT DRIVE

FT. LAUDERDALE, FL 33315

FT. LAUDERDALE, FL 33315

09/18/2009

L09000090569

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:

DANIEL G GASS

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

10001 NW 50 STREET, SUITE 204

SUNRISE, FL 33351

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

JEFFREY STEINER

NEW Registered Office Address:

2201 NW 30TH PLACE, SUITE A

POMPANO BEACH, FL 33069

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.

x David L. Idle
Signature of a member or authorized representative of a member

DAVID Idle
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 605, 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.

Jeffrey S. Steiner
Signature of Registered Agent