

LO90000912811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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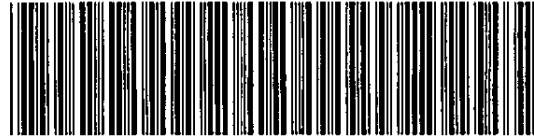
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

NOV 29 2016

✓ SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2016

VITO GARFI
521 MIDDLE RIVER DR
FORT LAUDERDALE, FL 33304 US

SUBJECT: CORDOBA ASSET, LLC
Ref. Number: L09000092811

RECEIVED
2016 NOV 28 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CORDOBA ASSET, 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) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 916A00022904

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cordoba Asset, 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:

Brian Deichman

Name of Person

Cordoba Asset, LLC

Firm/Company

521 Middle River Dr.

Address

Fort Lauderdale, FL 33304

City/State and Zip Code

briand@cordobaassetllc.com

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

For further information concerning this matter, please call:

Brian Deichman

Name of Person

at (561) 271-5026

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

INHS18 (2/14)

☒ \$30 check included
in original mailing

**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: Cordoba Asset, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

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

521 Middle River Dr.
Fort Lauderdale, FL 33304

Mailing address of limited liability company:

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

3. _____ 4. _____

Date of filing/registration in Florida

Document number

5. (a) David A. Strauss

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

333 Las Olas Way Suite 1906
Fort Lauderdale, FL 33301

(b) Brian Deichman

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

521 Middle River Dr.

NEW Registered Office Address:

Fort Lauderdale, FL 33304

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

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 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.

Signature of Registered Agent

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