

L6 9000103647 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

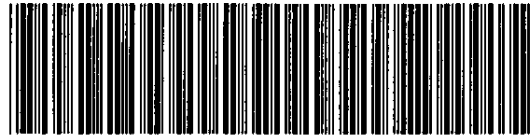
(Business Entity Name)

(Document Number)

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5:11 PM  
12 FEB 17 PM 4:02  
RECORDS SECTION  
TALLAHASSEE, FLORIDA

B. BOSTICK  
FEB 20 2012  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1310 Euclid Property 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:

Marco Dessimone  
Name of Person

1310 Euclid property LLC  
Firm/Company

2520 Coral Way Suite 2-164  
Address

Miami FL 33145  
City/State and Zip Code

m916@aol.com  
E-mail address: (to be used for future annual report notification)

FILED  
12 FEB 17 PM 4:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Marco Dessimone at ( 305 ) 915-7509  
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

**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: 1310 Euclid Property LLC

2. (a) Principal office address of limited liability company: 2520 Coral Way Suite 2-164

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

Miami Fl 33145

(b) Mailing address of limited liability company: PO Box 45-0392

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

Miami FL 33245

10/27/2009  
3. Date of filing/registration in Florida

L09000103647  
~~L11000107007~~  
4. Document number ↓ MD.

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

Registered Agent: Marco Dessimone

Registered Office Address: 2311 SW 24 St Miami  
FL 33145

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

**NEW** Registered Agent: Marco Dessimone

**NEW** Registered Office Address: 2520 Coral Way Suite 2-164  
**(MUST BE FLORIDA STREET ADDRESS)**


Miami, FL 33145

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

Marco Dessimone  
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 confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent

RECEIVED  
TALLAHASSEE  
DIVISION OF CORPORATIONS  
12 FEB 17 2010

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