

L10000011287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2017 AUG -7 PM 12:46
TALLAHASSEE FLORIDA

AUG 11 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NOOR HOLDINGS, 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:

Olivia S. Benson
Name of Person

Offices Olivia S. Benson, Esq., P.L.
Firm/Company

1801 N.E. 123rd Street, Suite 314
Address

North Miami, FL 33181
City/State and Zip Code

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

For further information concerning this matter, please call:

Olivia S. Benson at (786) 567-3391
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2017

OLIVIA S BENSON
OFFICES OLIVIA S BENSON, ESQ, PL
1801 E 123RD STREET, SUITE 314
NORTH MIAMI, FL 33181

SUBJECT: NOOR HOLDINGS, LLC.
Ref. Number: L10000011287

We have received your document for NOOR HOLDINGS, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's date of incorporation/organization must be listed in the document.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 717A00009183

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2017 AUG -7 PM 2:00
TALLAHASSEE, FLORIDA

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2017 AUG -7 PM 12:46
TALLAHASSEE, FLORIDA

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: NOR HOLDINGS LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
12741 S.W. 42 Street
327, Miami, FL 33175

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
12741 S.W. 42 Street
#327, Miami, FL 33175

3. 02/01/2010
Date of filing/registration in Florida

4. 40000011287
Document number

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

11500 N.W. 89th Court
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
204
Doral, FL 33172

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

1500 N.W. 89th Court
Suite #204
Doral FL 33175

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 [Signature] Signature of a member or authorized representative of a member Trustee
Printed or typed name of signee TLGFF Trust

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.

X [Signature] Signature of Registered Agent

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

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2017 AUG - 7 PM 12:46
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS