

L10000071516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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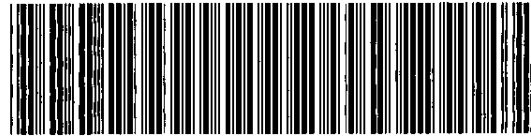
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. BRYAN

DEC 22 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EZIDOR INVESTMENTS, 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:

Philip C. Rosen, Esq.

Name of Person

Bloomgarden Goudreau & Rosen, P.A.

Firm/Company

8551 West Sunrise Boulevard, Suite 208

Address

Fort Lauderdale, FL 33322

City/State and Zip Code

pcrosen@lawbgr.com

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

For further information concerning this matter, please call:

Philip C. Rosen, Esq.

Name of Person

at (954)

370-2222

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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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2010

PHILIP C. ROSEN, ESQ.
BLOOMGARDEN GOUDREAU & ROSEN, P.A.
8551 WEST SUNRISE BOULEVARD, SUITE 208
FORT LAUDERDALE, FL 33322

SUBJECT: EZIDOR INVESTMENTS, LLC
Ref. Number: L10000071516

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for EZIDOR INVESTMENTS, 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 registered agent must sign accepting the designation.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 810A00028451

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: EZIDOR INVESTMENTS, LLC

2. (a) Principal office address of limited liability company: _____

(Note: MUST BE STREET ADDRESS)

18851 NE 29th Ave., #700
Aventura, FL 33180

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

18851 NE 29th Ave., #700
Aventura, FL 33180

07/07/2010

3. Date of filing/registration in Florida

L10000071516

4. Document number

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

Registered Agent:

Yael Doron

Registered Office Address:

201 Alhambra Circle #601
Coral Gables, FL 33134

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

NEW Registered Agent:

Philip C. Rosen, Esq.

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

Bloomgarden Goudreau & Rosen, P.A.
8551 West Sunrise Boulevard, Suite 208
Fort Lauderdale, FL 33322

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

Eyal Ziger

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

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