

# L10000102521

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

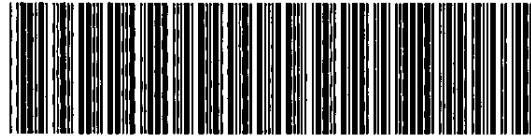
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100235556741

05/29/12--01031--012 \*\*25.00

FILED

12 MAY 29 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**  
MAY 30 2012  
**EXAMINER**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 14730 NW 7 Ave 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:

Robert Bailey

Name of Person

Firm/Company

401 E Las Olas Blvd Suite 130-521

Address

Ft Lauderdale, FL 33301

City/State and Zip Code

goodearthpropman@earthlink.net

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

For further information concerning this matter, please call:

Robert Bailey

Name of Person

at ( 954 )

463-9099

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: 14730 Nu 7 Ave LLC

2. (a) Principal office address of limited liability company: 401 East Las Olas Blvd

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

Suite 130-521  
Ft Lauderdale, FL 33301

(b) Mailing address of limited liability company:

401 East Las Olas Blvd

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

Suite 130-521  
Ft Lauderdale, FL 33301

9/30/10  
3. Date of filing/registration in Florida

L100001025  
4. Document number

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

Registered Agent:

Robert Bailey

Registered Office Address:

814 W Las Olas Blvd  
Ft Lauderdale, FL 33312

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

**NEW** Registered Agent:

Robert Bailey

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

401 East Las Olas Blvd

Suite 130-521

Ft Lauderdale, FL 33301

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]  
Signature of a member or authorized representative of a member

Robert Bailey

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 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]  
Signature of Registered Agent

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

FILING FEE: \$25.00