

LD8000101829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

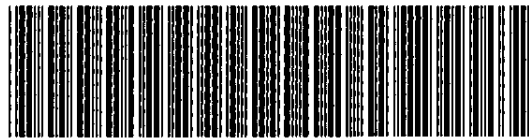
Special Instructions to Filing Officer:

L. SELLERS

DEC 12 2011

EXAMINER

Office Use Only



400211805634

10/18/11--01037--007 **315.00

FILED
11 DEC -8 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DLD NEW SMYRNA, 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:

JOEL REINSTEIN

Name of Person

JOEL REINSTEIN, P.A.

Firm/Company

1200 N. FEDERAL HIGHWAY, #301

Address

BOCA RATON, FL 33432

City/State and Zip Code

JOEL@REINSTEINLAW.COM

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

For further information concerning this matter, please call:

ROBIN JOHNSON

Name of Person

at (561)

393-6714

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

October 21, 2011

JOEL REINSTEIN
1200 N. FEDERAL HIGHWAY, STE. 301
BOCA RATON, FL 33432

SUBJECT: DLD PROPERTIES LLC
Ref. Number: L08000101829

We have received your document for DLD PROPERTIES LLC and your check(s) totaling \$315.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 811A00024195

FILED
11 DEC - 8 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: DLD NEW SMYRNA, LLC

2. (a) Principal office address of limited liability company: 7050 W. PALMETTO PARK RD.

(Note: MUST BE STREET ADDRESS)

#15-646

BOCA RATON, FL 33433

(b) Mailing address of limited liability company: SAME AS ABOVE

(Note: MAY BE POST OFFICE BOX)

11-12-2010

L10000117685

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

JOEL REINSTEIN

Registered Office Address:

925 S. FEDERAL HIGHWAY, SUITE 325
BOCA RATON, FL 33433

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

NEW Registered Agent:

(SAME AS ABOVE)

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

SUITE. 301

1200 N. FEDERAL HIGHWAY,

BOCA RATON, FL 33432

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.

Diane L. Dasilva
Signature of a member or authorized representative of a member

DIANE L. DASILVA

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.

Joel Reinstein
Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
DEC - 8 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA