## 11000062458

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FEB - 2 2012

**EXAMINER** 



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 26, 2012

BENJAMIN WOLKOV MONTERO WOLKOV LLP 1441 BRICKELL AVENUE 15TH FLOOR MIAMI, FL 33131

SUBJECT: TRAC PARTNERS LLC

Ref. Number: L11000062458



We have received your document for TRAC PARTNERS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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: 912A00002133

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: TYOU POYT	METS UC ed Liability Company	
Dear Sir or Madam:	·	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted	for filing.
Please return all correspondence concerning this i	matter to the following:	
Benjamin Wolkou Name of Person	1 Esq.	
Montero Wolkou Lup Firm/Company	·	2012 FI SECP TALLE
1441 Brickell Ave, 1	511 Floor	FEB -2 PH RETARY OF AHASSEE. F
Miami FL 33131 City/State and Zip Code		STATE FLORIDA
BWOKOV @ MONTEROWOLKOV E-mail address: (to be used for future annual report notifical	V. LOM	
For further information concerning this matter, pla	ease call:	
Benjamin Wolkov Esq at (	305 Z97-L87 Area Code & Daytime Telephon	-g le 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 am	ount:	
\$25 Filing Fee	\$55 Filing Fee & Certified	Сору

## 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.

agon, or com, in the state of I toriage.	
1. Name of the limited liability company:	Partners LLC
2. (a) Principal office address of limited liability compa	ny: 1150 campo Sano Avenue
(Note: MUST BE STREET ADDRESS)	Coral Gables, FL 33146
(b) Mailing address of limited liability company:	bame as above
(Note: MAY BE POST OFFICE BOX)	
05/26/2011	L11000062458
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	United States Corporation Agents Inc
Registered Office Address:	13302 Winding oak Court
	Tampa, FL 33612 US.
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	EW Registered Office address:
NEW Registered Agent:	Benjamin Wollou
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Montero Wolkov UP 1441 Brickell Avenue, 15th Floor Miami, FL 33131
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ider liability company, it is hereby confirmed that the change (of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member of authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida linited s) was/were authorized by an affiliantive vote erwise provided in the articles of than 25 ion
Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar the limited liability compand I am familiar the l	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny 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