11100063974

(Re	questor's Name)					
(Ad	dress)					
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(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	isiness Entity Nar	ne)				
(Document Number)						
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07/81/17--01040--025 *** ANG 14 ANG 1

J. HARRIS

COVER LETTER

Ÿ	ision of Corporations							
SUBJECT:	408-COLEE HAMMOCK, LLC	2						
JOBSECT.	Name of Limited Liability Company							
Dear Sir or I	Madam:							
The enclosed	d Registered Agent/Registered Offic	e Change and fe	ee(s) are submitted for filing.					
Please return	n all correspondence concerning this	matter to the fo	llowing:					
Bryan Gro	osmaņ							
	Name of Person		-					
408 COLE	EE HÄMMOCK, LLC							
	Firm/Company		-					
315 North	Federal Highway							
	Address		-					
Hollywood	d, Florida 33020							
-	City/State and Zip Code		-					
ev@bryco	orholdings.com							
E-mail	address: (to be used for future annu	al report notific	ation)					
For further i	nformation concerning this matter, p	lease call:						
Bryan Gro	osman	954 at (458-2826					
	Name of Person	-	Area Code & Daytime Telephone Number					
Reg Divi Clift 266	REET/COURIER ADDRESS: istration Section ision of Corporations ion Building I Executive Center Circle ahassee, Florida 32301	Regi Divi P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 shassee. Florida 32314					
Enc	losed is a check for the following a	mount:						
☑ \$	25 Filing Fee	□ \$ 55	Filing Fee & Certified Copy					
INHS18 (2/14	. · 4)							



August 3, 2017

BRYAN GROSMAN 315 NORTH FEDERAL HIGHWAY HOLLYWOOD, FL 33020

SUBJECT: 408 COLEE HAMMOCK, LLC

Ref. Number: L11000063974

We have received your document for 408 COLEE HAMMOCK, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

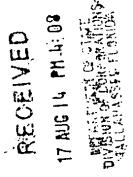
A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

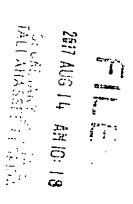
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 017A00015769





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.

a)	rincipal office address of limite (Note: MUST BE STREE		(o)	Mailing address of limit	
` 315 N	lorth Federal Highwa			315 North Federal Highway		
Holly	wood, Florida 33020			Hollywo	ood, Florida 3302	20
06/01/	2011			L110000	63974	
(a)	Date of filing/registratio	n in Florida	4.		Document number	
Registere	d Agent and Registered Office	shown on the records	of the Florida	a Dept. of Sta	te:	
	ed Office Address (MUST B NW 3rd Street	E FLORIDA STREE	T ADDRESS	5)	_	T. 29
Hallar	ndale		33009		_	2017 A
					_	AUS -
Enter nan	ne of NEW Registered Agent	and/or <u>NEW Register</u>	ed Office ad	dress;	_	
NEW E	ollywood gistered Office Address:	RA S	X TU i	روع	LLC	AH 10: 18
•••	lorth Federal Highwa	V				,. — —
		,			-	
Hollyv	vood	. I	_{-L} 33020			
change or cl nt will be id were autho	ability company is not org hanges are made, the Flor entical. Or, in the case o orized by an affirmative ve reanization or the operati	ida street address f a Florida limited ote of the member:	of the regi- liability cos s of the lim ne limited	stered offic ompany, it nited liabili	te and the business of is hereby confirmed ty company or as of mpany.	office of the registere that the change(s)
I_X_A	<u>~</u>	tive of a member			Printed or typed name	

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

gistered Agent