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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAW OFFICES OF STEINBERG & ASSOCIATES, P.A.

Account Number : 119980000080

Phone : (305) 538-2344

Fax Number

: (305)538-0419

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Finail Address:			
	m17		

LLC REGISTERED AGENT CHANGE ANCHOR BAY 007, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

T. HAMPTON

SENATOR LAW CENTER

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·	COVER LETTER
TO: Registration Section Division of Corporations	
•	
	ICHOR BAY 007, LLC
Name of	f 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	ng this matter to the following:
MARK ALHADEFF	
Name of Person	
THE ALHADEFF LAW GROU	P, P.L.
Firm/Company	
767 ARTHUR GODFREY R	QAD
Address	,
MIAMI BEACH, FL 3314	0
City/State and Zip Code	
MARK@ALHADEFFLAW.C	COM t notification)
For further information concerning this ma	,
MARK ALHADEFF	at (305) 538-2344 X-115
Name of Person	at (305) 538-2344 X-115 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the follow	ing amount:
 ✓ \$25 Filing Fee	55 Filing Fee & Certified Copy
INHS18 (5/08)	

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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 to order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:	ANCHOR BAY 007, LLC
2. (a) Principal office address of limited liability compan	ny: 300 THREE ISLAND BLVD.
(Note: MUST BE STREET ADDRESS)	UNIT 707 HALLENDALE, FL 33009
(b) Mailing address of limited liability company:	300 THREE ISLAND BLVD.
(Note: MAY BE POST OFFICE BOX)	UNIT 707 HALLENDALE, FL 33009
07/18/2011	L11000082293
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	a the records of the Florida Dept. of State:
Registered Agent:	ARTURO G. VILAS
Registered Office Address:	300 THREE ISLAND BLVD.
	UNIT 707 HALLANDALE, FL 33009
NEW Registered Agent: NEW Registered Office Address:	MARK ALHADEFF 767 ARTHUR GODFREY ROAD
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	
	MIAMI BAECH FL33140
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 ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	E laws of the State of Florida, it is hereby Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization by.
Printed or typed name of signee	3 90
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 508, F.S. Or, if this document is being filed to maddress, I have by confirm that the limited liability compa	agree to act in this capacity. I further agree to roper and complete performance of my duties consistence agree as provided for inversely reflect a change in the registered offices my has been notified in writing of this change.
Signature of Registered Agent	
Division of Corporations, P.O. Box 6	327. Tallahassee, FL 32314

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