L11000086637

(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



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C.M. 8-5-14



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 5, 2014

ASHRAF H BOURTROS, CPA EA TOTAL TAX SOLUTIONS 2100 EAST SAMPLE ROAD, STE 202 LIGHTHOUSE POINT, FL 33064

SUBJECT: PLUM HOLLOW CONDOMINIUM LLC

Ref. Number: L11000086637

We have received your document for PLUM HOLLOW CONDOMINIUM 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):

The incorrect form was submitted. Please submit form pursuant to section 605, LLC.

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) 245-6838.

Letter Number: 714A00016765

Cheryl R McNair Regulatory Specialist II

www.sunbiz.org

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.

1. Na	ame of the limited liability company: Plum House	imolino) a	Nwm	(رر
2. (a)	(b)				
<u></u> ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	ffice address of limited liability company: Mailing address of limited liability company:			
3.	Date of filing/registration in Florida 4.	Document number		<u></u>	•••
5. (a)	Schein ALAN	···			
	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta	ne:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		,		
	203	_	ĀĢ.	±	
	DAN'IA ,FL 33004			≥ 5	Ti
(b)	Schein ALAN		(A)	% %	Superior Williams
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			0 3.	
	2100 NE 36th STREET		17 3	2: 13	
	NEW Registered Office Address:	_	, ;		
	STE 202	_			
	Lighthouse Poins, FL 33064	_			
	imited liability company is not organized under the laws of the State of F				
agent v	ange or changes are made, the Florida street address of the registered offic will be identical. Or, in the case of a Florida limited liability company, it	is hereby confirmed t	that the cha	ange(s)
was/we the arti	ere authorized by an affirmative vote of the members of the limited liabilicles of organization or the operating agreement of the limited liability co	ity company or as other mpany.	erwise pro	vided	ın
		LAD Scho			
_	tule of a member or authorized representative of a member	Printed or typed name	_		
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agree to act in this calons of all statutes relative to the proper and complete performance of my igations of my position as registered agent as provided for in Chapter 60 ely reflect a change in the registered office address, I hereby confirm that dip writing of this change.	pacity. I further agre duties, and I am fam 5, F.S. Or, if this doc t the limited liability o	e to compl iliar with is cument is b company h	y with and a peing as be	h the ccept filed en
Signatu	re of Registered Agent				