

L110000094598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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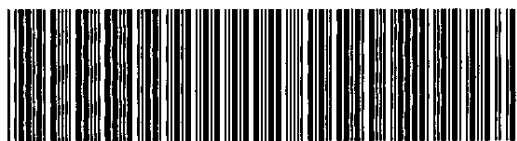
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

SEP 27 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: cleeker group
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:

Marie Anne DOUYERE

Name of Person

Cleeker Group

Firm/Company

223 E Flagler Street Ste 404

Address

MIAMI FL 33131

City/State and Zip Code

cleeker.group@gmail.com

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

For further information concerning this matter, please call:

Marie Anne DOUYERE

Name of Person

at (786) 233 1316

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

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: CLEEKER GROUP LLC

2. (a) Principal office address of limited liability company: 223 E Flagler Street Ste 404

(Note: MUST BE STREET ADDRESS)

MIAMI, FL 33131

(b) Mailing address of limited liability company: 223 E Flagler Street Ste 404

(Note: MAY BE POST OFFICE BOX)

MIAMI, FL 33131

8/17/11
3. Date of filing/registration in Florida

L11000094598
4. Document number

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

Registered Agent:

PIERRE RABINOWITZ

Registered Office Address:

18851 NE 29 AVENUE

1011

AVENTURA, FL 33180

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

NEW Registered Agent:

GANEM, JEAN-DAVID

NEW Registered Office Address:

2000 BAY DRIVE

(MUST BE FLORIDA STREET ADDRESS)

Ste 408

MIAMI BEACH, FL 33141

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.

Marie Anne Douyere
Signature of a member or authorized representative of a member

Marie Anne Douyere

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.

For David Ganem
Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
SEP 26 PM 12:14
TALLAHASSEE, FLORIDA
CLERK OF STATE