11000110906

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
JAN 2 8 2013			
L. SELLERS			
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COVER LETTER

TO: Registration Section Division of Corporations

		imited Liability Company
Dear Sir or Madai	m:	
The enclosed Reg	istered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all c	correspondence concerning the	his matter to the following:
107£ E	Name of Person	DR16UEZ
CENTR	IC REALTY, Firm/Company	LLC_
1921	NW ISO AVE	E, STE 103C
PEMBRO	City/State and Zip Code	<u>L 33028</u>
JOSE C	ECENTRICREA to be used for future annual report not	LTY. MET
For further inform	nation concerning this matter	, please call:
VOSE G.	RODRIGUEZ ne of Person	at (954) & F9-2999 Area Code & Daytime Telephone Number
Registration Division of Clifton Bui 2661 Execu	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed	is a check for the following	; amount:
		— • • • • • • • • • • • • • • • • • • •
□ \$25 Fili	ing Fee	☐ \$55 Filing Fee & Certified Copy



Centric Realty, LLC

1921 NW 150 Ave, Suite 103C Pembroke Pines, FL 33028 **Tel** 954 889 2999

Fax 866 249 6394

www.CentricRealty.net

November 1, 2012

Jose Gabriel Rodriguez Broker, Centric Realty

Re: Centric Realty, LLC

Florida State Department,

Please be advised that we have moved next door from:

1931 NW 150 Ave, Ste 101 Pembroke Pines, FL 33028

To

1921 NW 150 Ave, Ste 103C Pembroke Pines, FL 33028

If you do require any additional information please do not hesitate to let me know at 954.494.1451 or via email at jose@centricrealty.net

Sincerely,

Jose Gabriel Rodriguez Broker, Centric Realty jose@centricrealty.net

954.494.1451



November 8, 2012

JOSE GABRIEL RODRIGUEZ 1921 NW 150 AVENUE, STE. 103C PEMBROKE PINES, FL 33028

SUBJECT: CENTRIC REALTY,LLC Ref. Number: L11000110906

We have received your document for CENTRIC REALTY, 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 form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Leslie Sellers Regulatory Specialist II

Letter Number: 612A00027209



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.

agent, or both, in the state of Proriau.	
1. Name of the limited liability company: _CENTO	IC REALTY, LLC
.2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	Y: 1921 NW ISO LUE, CTE 103C PEMBROUE PINES, PC 37028
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1921 NW 150 AVE SIE 103C PEMBRONE PINES, FL 33018
9-27-11	111000110906
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	JOSE GABRIEL ROBRIGUEZ
Registered Office Address:	1921 NW ISO AVE, STE 1030 PEMBROKE PINES, FL 33028
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent: <u>NEW Registered Office Address:</u>	
(MUST BE FLORIDA STREET ADDRESS)	PEMBROKE PINES, FL 33028
If the limited liability company is not organized under the confirmed that after the change or changes are made, the f and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherw the operating agreement of the limited liability company.	Florida street address of the registered office
Signature of a number of authorized representative of a member	·
Printed or typed name of signce	_
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pland I am familiar with and accept the obligations of my plant of the p	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.
	- -

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

INHS18 (05/08)