Florida Department of State

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LLC REGISTERED AGENT CHANGE **BAYLOFTS 810, LLC**

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Corporate Filing Menu

Help



DATE: 2 0 1 3 - 1 1 - 0 6 1 0: 5 3: 2 1 E S T

FACSIMILE TRANSMITTAL SHEET

TO/COMPANY:

TO FAX NUMBER:

FROM:

Baylofts 810, LLC - Change of Registered

18506176383

Lagana, Vanessa

Agent

NOTES/COMMENTS.

Ladies and Gentlemen:

Attached please find the Statement of Change of registered Agent for the above mentioned LLC for further filing with Florida Secretary of State.

Best regards,

Vanessa Lagana
Legal Assistant
Fox Rothschild LLP
283 Catalonia Avenue
Suite 100
Coral Gables, FL 33134
(305) 442-6540 - main
(305) 442-6544 - direct
(561) 835-9602- fax
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Fax Audit #H13000244716 3

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: BAYLOFTS 810. LLC	
2. (a) Principal office address of limited liability company	V: 5757 COLLINS AVENUE
(Note: MUST BE STREET ADDRESS)	APT. 506
	MIAMI BEACH, FL 33140
(b) Mailing address of limited liability company:	5757 COLLINS AVENUE
(Note: MAY BE POST OFFICE BOX)	APT. 508
	MIAMI BEACH, FL 33140
11/18/2011	
3. Date of filing/registration in Florida	4. Document number
3. Date of Hang/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:	EXECUTIVE REGISTERED AGENT, INC.
Registered Office Address:	356 ALHAMBRA CIRCLE SUITE 801
	CORAL GABLES, FL 33134
NEW Registered Agent:	ANDRES OPPENHEIMER
NEW Registered Office Address:	5757 COLCINS AVENUE
(MUST BE FLORIDA STREET ADDRESS)	APT. 506
	MIAMI BEACH ,FL 33140
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 ident liability company, it is forceby confirmed that the change(s) the members of the limited hability company or as otherwithe operating agreement of the limited liability company. Signature of a member or authorized representative of a member	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of se provided in the articles of organization or
Thomas Committeens	
Printed or typed name of signee	The state of the s
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions of all statutes relative to the proud I am faightfur with and accept the obligations of my po Chapter 408 F.S. Or, if this document is being filed to me address. I hereby confirm that the limited liability companations of Registered Agent. Signature of Registered Agent.	igree to act in this capacity. Iffurther agree to oper and complete performance of my duties, sition as registered agent as provided for invely reflect a change in the registered office y 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)