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## **COVER LETTER**

TO:

Registration Section

Division of Corporations						
7201 PEPPERTREE CIR, LLC	7201 PEPPERTREE CIR, LLC  Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office	Change and fe	ee(s) are submitted for filing.				
Please return all correspondence concerning this m	latter to the fo	dlowing:				
SHLOMO VAKNINE						
Name of Person	Washington Co.	-				
Firm/Company		_				
4051 N 50TH AVENUE		_				
Address						
HOLLYWOOD, FL 33021						
City/State and Zip Code		-				
SHLOMOVAKNINE@GMAIL.COM						
E-mail address: (to be used for future annual	report notifica	ation)				
For further information concerning this matter, plea	ase call:					
SHLOMO VAKNINE	954	558-1868				
Name of Person		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				
INHS18 (2/14)						

## 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	me of the limited liability company: 7201 PE	PPERTR	EE CIR,	LLC
2. (a)	7201 PEPPERTREE CIRCLE S		(b) 405	I N 50TH AVENUE
()	Principal office address of limited liability comparts (Note: MUST BE STREET ADDRESS)	ny:	(-,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	DAVIE, FL 33314		HOL	LYWOOD, FL 33021
	JAN. 12, 2012		L1200	00006558
3. 5. (a)	Date of filing/registration in Florida MILITZOK & LEVY, PA	4.		Document number
· (/	Registered Agent and Registered Office shown on the reconstruction and STIRLING RD.	ords of the Flo	orida Dept. o	f State:
	Registered Office Address (MUST BE FLORIDA ST	REET ADDR	ESS)	
	HOLLYWOOD	, <sub>FL</sub> 330	21	
(b)	SHLOMO VAKNINE			<b>4 AU</b>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	gistered Office	e address:	
	4051 N 50TH AVENUE			## ### ###############################
	NEW Registered Office Address:			YOF STATE ON BY BY BY
	HOLLYWOOD	, <sub>FL</sub> 330	21	<u>,                                      </u>
the cha agent v was/was/wathe	imited liability company is not organized under ange or changes are made, the Florida street addivill be identical. Or, in the case of a Florida limere authorized by an affirmative vote of the menicles of organization or the operating agreement	lress of the r nited liabilit nbers of the of the limit	egistered of company company limited lized liability	office and the business office of the registered, it is hereby confirmed that the change(s) ability company or as otherwise provided in company.  O VAKNINE
	ture of a member or authorized representative of a member		act in this	Printed or typed name of signee  capacity. I further agree to comply with the
provisi the obi to mer notifie	by accept the appointment as registered agent a ions of all statutes relative to the proper and col ligations of my position as registered agent as p ely reflect a change in the registered office addi d in writing of this change.	mplete perforovided for ress, I heret	ormance o in Chapte vy confirm	f my duties, and I am familiar with and accep r 605, F.S. Or, if this document is being filed that the limited liability company has been

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

Signature of Registered Ages