## L1200066258

· (Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJE	Liberty City 70th St LLC					
	Name of Limited Liability Company					
Dear Si	ir or Madam:					
The end	closed Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing.			
Please 1	return all correspondence concerning th	is matter to the	following:			
Crysta	al Corner					
	Name of Person					
	Finn/Company		<u> </u>			
6516	NW 12th Court					
	Address		<u> </u>			
Miami	i, Florida 33147					
	City/State and Zip Code					
ihudso	on@miamigov.com					
E-	-mail address: (to be used for future and	ual report noti	fication)			
For furt	ther information concerning this matter.	, please call:				
Iris Hu	udson	305	329-4705			
	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	□ s	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. N	ame of the limited liability company: Liberty City 7	uth St L	LC	
2. (a)	1600 NW 77th Terrace	(b	1600 N	IW 77th Terrace
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		·/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami, Florida 33147		Miami,	Florida 33147
	May 15, 2012			066258
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Eric Thompson			
J. (W)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of St	ite:
	Registered Office Address	ADDRESS	<u> </u>	<del>-</del>
	Miami, FI	33147		17 AUG
(b)	Crystal Corner			6 25 ASSE
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dress:	
	Crystal Corner			AUG 25 AH II: 49
	NEW Registered Office Address:	-		9
	6516 NW 12th Court		_	_
	Miami . FI	33147		
the ch agent was/w the art Sign:  I here provis the obto mer	dimited liability company is not organized under the latange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light of the identical of the ere authorized by an affirmative vote of the members of organization or the operating agreement of the light of a member or authorized representative of a member oby accept the appointment as registered agent and against of all statutes relative to the proper and complete light of the position as registered agent as provided by reflect a change in the registered office address. If it is writing of this change.	the regionability constitution of the him limited limi	stered officompany, it ited liabil liability coveral Correct in this car	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.  Printed or typed name of signee  Practiv. I further agree to comply with the