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SECRETARY OF STATE ORYISION OF CORPORATIONS

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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 5, 2014

CELSO CUKIERKORN / NORTHSTAR EQUITIES V LLC 231 174TH ST #1002 SUNNY ISLES BEACH, FL 33160 US

SUBJECT: NORTHSTAR EQUITIES V, LLC

Ref. Number: L12000096621

We have received your document for NORTHSTAR EQUITIES V, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 214A00023695

Carolyn Lewis Regulatory Specialist II

www.sunbiz.org

COVER LETTER

, , , , , , , , , , , , , , , , , , ,				
TO: Registration Section Division of Corporations	1/ VED			
SUBJECT: Northstar E	14 NOV -5 AM 10: 55 The 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 t	his matter to the following:			
Celso Cukierkor Name of Person	<u>n</u>			
North 5 tas Equit	ies V, LLC			
231 174th Street =	#1002			
Sunny Isles Beach, FL City/State and Zip Code	33/60			
myrabbi 6 msn.c	σm			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matte	r, please call:			
Celso Cukierkorn	_at(305) 510 8111			
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.

Florida	•	
1. Na	me of the limited liability company: <u>Nor+hs+ar Equi+i</u>	es V, LLC
2. (a)	231 174th Street #1002 (b) 231	174th Street #1002
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Isles Beach, FL 3316
	James Devel, FC 35 100 James	12510 VCNO11, PL 3310
	10/18/2013	1000096621
3.	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Document number
5. (a)	(UKIERKORN, CELSO	
,	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat	- e:
		-
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	r.,
	16850 COLLINS AVENUE #112-255	_ * \$\frac{1}{2} \text{Sign}
	SUNNY ISLE BEACH .FL 33160	S
		TARY OF CO.
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	Taker hame of NEW Registered Agent and/or NEW Registered Office address.	PH 4: 3
	231 174th Street #1002	32.
	NEW Registered Office Address:	<u>-</u>
		_
	Sunny Isles Beach ,FL 33/60	-
If the li	mited liability company is not organized under the laws of the State of Flo	orida, it is hereby confirmed that after
the char	nge or changes are made, the Florida street address of the registered office ill be identical. Or, in the case of a Florida limited liability company, it is	e and the business office of the registered
was/we	re authorized by an affirmative vote of the members of the limited liabilit	v company or as otherwise provided in
the artic	eles of organization or the operating agreement of the limited liability con	npany.
Signati	tre of a member or authorized representative of a member	Printed or typed name of signee
	y accept the appointment as registered agent and agree to act in this cap	
provision the obli	ins of all statutes relative to the proper and complete performance of my gations of my position as registered agent as provided for in Chapter 605 by reflect a change in the registered office address, I hereby confirm that	duties, and I am familiar with and accept i, F.S. Or, if this document is being filed
to mere	ly reflect a change in the registered office address, I hereby confirm that	the limited liability company has been 🥏

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

notified in writing of this change.

Signature of Registered Agent