

L12000156967

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
12 DEC 21 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
COCO PALM 82, LLC

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J. BRYAN

DEC 26 2012

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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COCO PALM 82, LLC
Name 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 this matter to the following:

Althea Dyer

Name of Person

Lennar Corporation

Firm/Company

700 NW 107th Ave

Address

Miami, FL 33172

City/State and Zip Code

althea.dyer@lennar.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yadin Herzl

at (954) 745-3603

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 (5/08)

FLDPS - 11/09/2012 Wolters Kluwer Online

FILED
2012 DEC 21 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: COCO PALM 82, LLC
2. (a) Principal office address of limited liability company: 700 NW 107 AVENUE
SUITE 400
MIAMI FL 33172 US
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 700 NW 107 AVENUE
SUITE 400
MIAMI FL 33172 US
(Note: **MAY BE POST OFFICE BOX**)
- 12/17/2012 L12000156967
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: CORPORATE CREATIONS NETWORK INC.
- Registered Office Address: 11380 PROSPERITY FARMS ROAD
#2218
PALM BEACH GARDENS FL 33410 US
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
- NEW Registered Agent:** CT Corporation System
- NEW Registered Office Address:** 1200 South Pine Island Road
(MUST BE FLORIDA STREET ADDRESS) Plantation FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Mark Swilana, VP of Member
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: [Signature]
Signature of Registered Agent

Madonna Cuddey
Special Assistant Secretary

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

INHS18 (05/08)

PL013 - 1/09/2012 Version History Update