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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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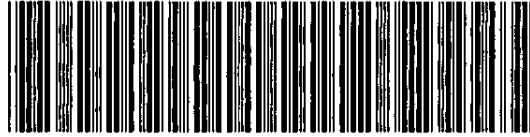
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVALON INVESTMENT AND CONSULTANCY GROUP, L.L.C.

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:

PAUL COLLINS

Name of Person

Avalon Investment and Consultancy Group L.L.C.

Firm/Company

117 LAKE EMERALD DRIVE 105 OAKLAND PARK

Address

FORT LAUDERDALE / FLORIDA / 33309

City/State and Zip Code

rachaelcollins@gmail.com

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

For further information concerning this matter, please call:

RACHAEL COLLINS

954-581-1516

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF A LIMITED LIABILITY COMPANY

1. Name of the limited liability company: Acropolis Properties Corporation, LLC

2. Name of the registered agent: THE FLORIDA SECRETARY OF STATE

3. Address of the registered agent: 9990 S.W. 218 Terrace

4. City: Miami, FL 33130

5. Date: 12 DEC 11

6. Name of the person making the statement: RAE COLLINS

7. Name of the person making the statement: RAE COLLINS

8. Name of the person making the statement: RAE COLLINS

9. Address of the person making the statement: 9990 S.W. 218 Terrace

10. City: Miami

11. Name of the person making the statement: Rachael Collins

12. Address of the person making the statement: 10000 Biscayne Blvd

13. City: MIAMI BEACH, FLORIDA

14. State: FL

15. Zip: 33130

16. Signature of the person making the statement: RAE COLLINS

I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct statement of the change of registered office or registered agent of the limited liability company named above, as the same appears from the records of the Secretary of State of the State of Florida.

Signature of the person making the statement: Rachael Collins

Notary Public for the State of Florida

Signature of the Notary Public: Rachael Collins