

LIB000080366

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DIVISION OF CORPORATIONS

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DEC 16 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 2, 2016

JOSHUA M LISZT, ESQ  
2701 NW 2ND AVE, STE 107  
BOCA RATON, FL 33431

SUBJECT: 5227 CWELT-2007 LLC  
Ref. Number: L13000080366

RECEIVED  
2016 DEC 14 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for 5227 CWELT-2007 LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons  
Regulatory Specialist II

Letter Number: 716A00023620

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 5227 CWELT, 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:

JOSHUA M. LISZT, ESQ.

\_\_\_\_\_  
Name of Person

GAITA & LISZT, P.L.

\_\_\_\_\_  
Firm/Company

2701 BOCA RATON BLVD., STE. 107

\_\_\_\_\_  
Address

BOCA RATON, FL 33431

\_\_\_\_\_  
City/State and Zip Code

JOSH@GLLAWCENTER.COM

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

For further information concerning this matter, please call:

JOSHUA M. LISZT, ESQ.

\_\_\_\_\_  
Name of Person

561

369-3703

at (\_\_\_\_\_) \_\_\_\_\_

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 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. Name of the limited liability company: 5227 CWELT, L.L.C.

2. (a) 5227 CWELT, L.L.C. Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

13910 SIMONE DRIVE

SHELBY TWP, MI 48315

(b) 5227 CWELT, L.L.C. Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

2701 BOCA RATON BLVD., STE. 107

BOCA RATON, FL 33431

3. 06/04/13 Date of filing/registration in Florida

4. P13000000366 Document number

5. (a) SHAMROCK ACQUISITIONS, L.L.C.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7491 NORTH FEDERAL HIGHWAY

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

CS-4262

BOCA RATON, FL 33487

(b) GAITA & LISZT, P.L. - JOSHUA M. LISZT, ESQ.  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

2701 BOCA RATON BLVD.

**NEW Registered Office Address:**

STE. 107

BOCA RATON, FL 33481

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

MATTHEW DUFFIELD  
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 605, 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.*

[Signature]  
Signature of Registered Agent

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

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