L1300012 5078				
(Requestor's Name) (Address)				
(Address)	700270913407			
(City/State/Zip/Phone #)	04/02/1501018015 **70.00			
(Document Number)				
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Office Use Only				

COVER LETTER

TO: Amendment Section Division of Corporations

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SUBJECT: <u>11 PROP, LLC</u>

Name of Corporation

DOCUMENT NUMBER: L13000125078

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gigi Iza Name of Contact Person		
Name of Contact Person		
Umbach Financial Group, LLC	,	
Firm/Company	15 HAY	
i init company	CIVE HAY	
525 South Elector Drive Suite 100	182 <u>1</u>	
525 South Flagler Drive, Suite 100		•
Address	-0	
		-
	<u></u>	i
West Palm Beach, FL 33401	~>	
City/State and Zip Code	———— (\)	

For further information concerning this matter, please call:

Gigi Iza

_____at (561)228-7499

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

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 13, 2015

GIGI IZA 525 S FLAGLER DR STE 100 W PALM BEACH, FL 33401

SUBJECT: 11 PROP LLC Ref. Number: L13000125078

We have received your document for 11 PROP LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you sent in to change the registered agent is not correct. I am sending you the correct document to file.

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) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 715A00007267

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.	Na	me of the limited liability company: I FROP, LLC			_
2.	(a)	525 S. Fracter Dr #100(b)			_
-	.,	Principal office address of timited-liability company: Mailing address of limited li (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST C		-	-
		Internost be street ADDRESS	<u>ITT LE INU</u> A	/	
					-
		<u> </u>		<u></u> -	-
		8/15/13 130001250	78		•
3.		Date of filing/registration in Florida 4. Document number			
5.	(a)	BINNER PROPERTIES LP			
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
		525 S. Maples Dr. # 100	AT SE	5	
		WESTPAIN BEAUT, FL 3340]		MAY	· ••
	(b)	JOSEPH UMBACHT		!	
	(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	***	5	ŗ
		525 S. Fraylor Dr - # 100		3: 22	
		NEW Registered Office Address: WEST PALM BEACH			
		,FL_33401			
lf (he li	mited liability company is not organized under the laws of the State of Florida, it is hereby conf	irmed that a	ifter	
the	cha	nge or changes are made, the Florida street address of the registered office and the business offic vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that	ce of the reg	gistered	1
wa	s/we	re authorized by an affirmative vote of the members of the limited liability company or as other	wise provid	ed in	

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the articles of organization or the operating agreement of the limited liability company. Signature of Printed or typed name of signee tember or authorized epresentative of a member

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 enance.

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25,00