

L14000008690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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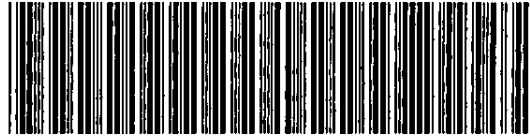
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

MAY 02 2017  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 5934 NW 2ND AVE, 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:

Leonard C. Atkins, IV

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

Ballaga & Freedman, LLP

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

396 Alhambra Circle, Suite 204

\_\_\_\_\_  
Address

Coral Gables, FL 33134

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

lane@ballagafreedman.com

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

For further information concerning this matter, please call:

Leonard C. Atkins, IV

at ( 305 )

747-7550

\_\_\_\_\_  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 21, 2016

LEONARD C ATKINS, IV  
DEVINE GOODMAN RASCO & WATTS-FITZGERALD  
2800 PONCE DE LEON BLVD, SUITE 1400  
CORAL GABLES, FL 33134

SUBJECT: 5934 NW 2ND AVE LLC  
Ref. Number: L14000008690

We have received your document for 5934 NW 2ND AVE LLC and your check(s) totaling \$210.00. 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 LLC. 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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 816A00005722

RECEIVED  
2017 APR 28 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**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: 5934 NW 2ND AVE, LLC

2. (a) 5934 NW 2ND AVE (b) 2390 NW 2ND AVE

Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

MIAMI, FL 33127

MIAMI, FL 33127

01/16/2014

L14000008690

3. Date of filing/registration in Florida:

4. Document number

5. (a) POLLOCK, LETICIA

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2390 NW 2ND AVE

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

MIAMI, FL 33127

(b) LEONARD C. ATKINS, IV

Enter name of NEW Registered Agent and/or NEW Registered Office address:

396 ALHAMBRA CIRCLE

NEW Registered Office Address:

SUITE 204

CORAL GABLES, FL 33134

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DIVISION OF CORPORATIONS  
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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.

Leticia Pollock  
Signature of a member or authorized representative of a member

LETICIA POLLOCK  
Printed or typed name of signee

*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