114000061920

| (Requestor's Name) | | |
|---|----------------|-------------|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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March 17, 2016

LARRY ABRAMOWITZ 9705 E BROADVIEW DR BAY HARBOR ISLANDS, FL 33154

SUBJECT: LVA 9072 EMERSON, LLC

Ref. Number: L14000061920

We have received your document for LVA 9072 EMERSON, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 016A00005570

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|--|
| SUBJECT: LVA 9072 Emenson, 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: | | |
| Lary Abramowitz Name of Person | | |
| LVA 9072 Emenson, LLC Firm/Company | | |
| 9705 E Broadview Dr Address | | |
| Bay Harbor Islands, FC 33154 City/State and Zip Code | | |
| Larry-Abramowitz@hotmail.com E-mailladdress: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| Larry Abrumowitz at (305) 804-7399 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 (2/14) | | |

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: LVA 90 | 72 Emerson, LLC |
|--|---|
| 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (b) 9705 E Browdy; ew Dy Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| Bay Harbor Islands, FC 22154 | Bay Harbor Islands, FC 33154 |
| 4/15/2014 | L14000061920 |
| Date of filing/registration in Florida (a) United States Corporation Registered Agent and Registered Office shown on the records of the | |
| Registered Office Address (MUST BE FLORIDA STREET A | DDRESS) |
| Juite A Tampa Re , FL | 33612 |
| (b) Larry Abranowitz Enter name of NEW Registered Agent and/or NEW Registered 6 | Office address: |
| 9705 E Broadview D' NEW Registered Office Address: | Y 72 72 72 75 75 75 75 75 75 75 75 75 75 75 75 75 |
| Bay Harbor Islands, | 22171 |
| | 33124 |
| If the limited liability company is not organized under the law the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited lia was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the limited liability. Signature of a member or authorized representative of a member | the registered office and the business office of the registered bility company, it is hereby confirmed that the change(s) f the limited liability company or as otherwise provided in |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I had notified inwriting of this change. Signature of Registered Agent | ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept i for in Chapter 605, F.S. Or, if this document is being filed tereby confirm that the limited liability company has been |