## L15000036963

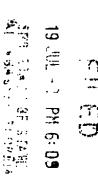
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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06/10/19--01029--018 \*\*25.00





June 25, 2019

FARHANG NAJMI 290 MCGUINNESS BLVD BROOKLYN, NY 11222

SUBJECT: NAJMI REALTY, LLC Ref. Number: L15000036963

We have received your document for NAJMI REALTY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORP, 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.

Dionne M Scott Regulatory Specialist II

Letter Number: 019A00012861

RECEIVED
JUL 0 8 2013

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## **COVER LETTER**

TO:	Registration Section Division of Corporations							
SUBJ	Najmi Realty, LLC							
	Name of Limited Liability Company							
Dear S	Sir or Madam:							
The en	aclosed Registered Agent/Registered Off	ice Change ar	nd fee(s) are submitted for filing.					
Please	return all correspondence concerning th	is matter to th	e following:					
Farha	ang Najmi							
	Name of Person	_						
Najm	i Realty, LLC							
	Firm/Company							
290 N	McGuinness Blvd							
	Address	•						
Brool	klyn, NY 11222							
	City/State and Zip Code	-	<del>_</del>					
fjnajn	ni@yahoo.com							
E	E-mail address: (to be used for future ann	ual report not	ification)					
For fu	rther information concerning this matter,	please call:						
Farha	ang Najmi	917 at (	681-4770					
	Name of Person	(	Area Code & Daytime Telephone Number					
			MAILING ADDRESS: Registration Section					
	Division of Corporations	Γ.	Division of Corporations					
	Clifton Building	O. Box 6327						
	2661 Executive Center Circle Tallahassee, Florida 32301	7	allahassee, 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.

110/14	Naimi Realty	LLC				
	ame of the limited liability company:		<del></del>			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)		Tailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	290 McGuinness Blvd		290 McG	uinness Blvd		
	Brooklyn, NY 11222		Brooklyn	, NY 11222		
	11/28/2007	L	.1500003	6963		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	RESIGNED					
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			#4.19		
	, FL	,				
(b)	Wright Law Firm, P.A.			PH 6: 09		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	Christine F. Wright, Esq.					
	NEW Registered Office Address:		_			
	923 Del Prado Blvd. South, Suite 106					
	Cape Coral . FI.	33990				
the cha agent v was/we	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of the S the regist ability cor of the limit limited lia	ered office npany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.		
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee		
provisi the obl to merc	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I did now itting of this change.	ree to act i performa d for in Ci hereby coi	n this capa nce of my a hapter 605, nfirm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been		
Signatu	re of Registered					
	Division of Corporations P.O. I	Box 6327	Tallahas	see, FL 32314		

**FILING FEE: \$25.00**