

L15000166478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

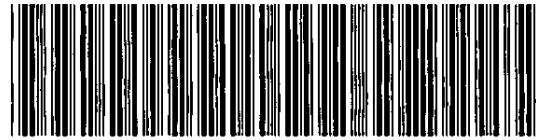
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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA

DEC 10 2015

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLACK BRICK PARTNERS 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:

WILMA LEON

Name of Person

BLACK BRICK PARTNERS LLC

Firm/Company

2950 NE 188TH ST. #304

Address

AVENTURA, FL 33180

City/State and Zip Code

twleon@me.com

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

For further information concerning this matter, please call:

TOM OR WILMA LEON 305-389-9600
at (305) 785-4308

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

November 17, 2015

WILMA LEON
2950 NE 188TH ST #304
AVENTURA, FL 33180 US

SUBJECT: BLACK BRICK PARTNERS LLC
Ref. Number: L15000166478

We have received your document for BLACK BRICK PARTNERS LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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: 415A00024296

RECEIVED
15 DEC - 8 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: BLACK BRICK PARTNERS LLC
2. (a) 2950 NE 188TH ST. #304 (b) 2950 NE 188TH ST. #304
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

AVENTURA, FL 33180

AVENTURA, FL 33180

3. 9/30/2015 Date of filing/registration in Florida 4. L15000166478 Document number

5. (a) WILMA LEON
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2950 NE 188TH ST. #304
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

AVENTURA, FL 33180

- (b) SAME
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

3370 NE 190TH STREET #1711
NEW Registered Office Address:

3370 NE 190TH STREET #1711

AVENTURA, FL 33180

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 of a member or authorized representative of a member

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 of Registered Agent