

L16000096034

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(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

D. SCOTT

JAN 6 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2016

PATRICE A TEDESCO, ESQ.
1055 S FEDERAL HWY
HOLLYWOOD, FL 33020

SUBJECT: TULU AVENTURA, LLC
Ref. Number: L16000096034

RECEIVED
2017 JAN -5 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for TULU AVENTURA, 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 document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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: 116A00026777

FILED
17 JAN -5 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TULU AVENTURA, 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:

Patrice A. Tedesco, Esq.

Name of Person

Myron E. Siegel, P.A.

Firm/Company

1055 S. Federal Hwy

Address

Hollywood, FL 33020

City/State and Zip Code

patrice@siegelaw.com

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

For further information concerning this matter, please call:

Patrice A. Tedesco

at (954)

703-1653

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

FILED
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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: TULU AVENTURA, LLC

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

3250 NE 188TH STREET 707

AVENTURA, FL 33180

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

3250 NE 188TH STREET 707

AVENTURA, FL 33180

05/16/2016

L16000096034

3. _____
Date of filing/registration in Florida

4. _____
Document number

5. (a) Myron E. Siegel

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1920 E. Hallandale Beach Blvd, Suite 801

Hallandale Beach, FL 33009

(b) Myron E. Siegel

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

Myron E. Siegel, P.A.

NEW Registered Office Address:

1055 S. Federal Hwy

Hollywood, FL 33020

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]
Signature of a member or authorized representative of a member

PATRICE A. TEDESCKO
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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00