

L1600117612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

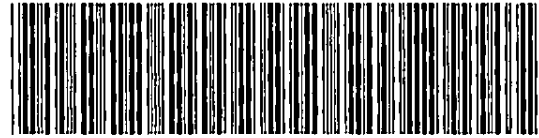
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900305118379

11/02/17--01015--005 \*\*35.00

FILED  
2017 NOV 27 P 12:54  
RECEIVED

D SCOTT  
NOV 28 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 3, 2017

DAWN MICHELLE KAPLAN  
2901 CLINT MOORE RD #419  
BOCA RATON, FL 33496

SUBJECT: 7884 NE 4TH, LLC  
Ref. Number: L16000114812

We have received your document for 7884 NE 4TH, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a FL 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 Pijaux  
Regulatory Specialist

Letter Number: 017A00022288

2017 NOV 27 PM 12:30

TALLAHASSEE, FLORIDA

RECEIVED

NOV 27 PM 12:54

11/27/17

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 7884 NE 4<sup>th</sup> 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:

Dawn Michelle Kaplan  
Name of Person

7884 NE 4<sup>th</sup> LLC  
Firm/Company

2901 CLINT MOORE RD #419  
Address

BOCA RATON, FL 33496  
City/State and Zip Code

DMICHELLEPROPERTY@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle at (201) 953-3589  
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

**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: 7884 NE 4TH LLC

2. (a) 7884 NE 4TH LLC (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

2901 CLINT MOORE RD #419 (SAME)  
Boca Raton FL 33496

3. 6/14/16 Date of filing/registration in Florida 4. L16000114812 Document number

5. (a) ESTERN AND ASSOCIATES  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

301 YAMATO RD SUITE 1240  
Boca Raton FL 33431

(b) Dawn Michelle Kaplan  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

2901 CLINT MOORE RD #419  
NEW Registered Office Address:

Boca Raton

FL 33496

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.

D.M. Kaplan, member DAWN M. KAPLAN  
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.

D.M. Kaplan  
Signature of Registered Agent