

L17000047515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

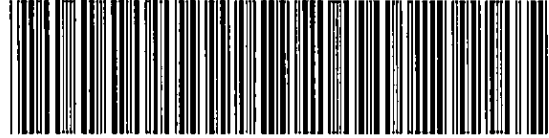
(Document Number)

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17 JUL 24 PM 5:03
CLERK OF DISTRICT COURT
STATE OF FLORIDA

S. WARREN

JUL 27 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2017

AVIRAM HAIT
P.O. BOX 26051
FORT LAUDERDALE, FL 33320

SUBJECT: LIME PROPERTY MANAGEMENT LLC
Ref. Number: L17000047515

We have received your document for LIME PROPERTY MANAGEMENT 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 ALIEN BUSINESS ORGANIZATION, but your entity is a FLORIDA 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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 517A00009995

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIME PROPERTY MANAGEMENT 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:

AVIRAM HAIT

Name of Person

LIME PROPERTY MANAGEMENT

Firm/Company

PO BOX 26051

Address

FT. LAUDERDALE 33320

City/State and Zip Code

limepropertymanagement@gmail.com

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

For further information concerning this matter, please call:

AVIRAM HAIT at (954) 7095749
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: LIME PROPERTY MANAGEMENT LLC
2. (a) 3130 N PINE ISLAND RD. SUNRISE FL33351 (b) PO BOX 26051 FT LAUDERDALE 33320
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. FEB 28 2017 4. L17000047515
Date of filing/registration in Florida Document number

5. (a) AVIRAM HAIT 6303NW72 AV TAMARAC FL 33321
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3130 N. PINE ISLAND RD.

SUNRISE, FL 33351

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

AVIRAM HAIT

NEW Registered Office Address:

3130 N. PINE ISLAND RD.

SUNRISE, FL 33351

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.

AVIRAM HAIT

Signature of a member or authorized representative of a member

Printed or typed name of signer

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

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