

L17000055910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

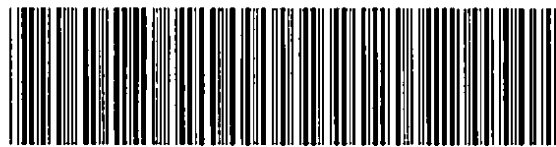
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2021-15-07

2021-09-17

RA/RC/chg

DEC 7 2021

ALBRITTON

RECEIVED

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 331440 7986366

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : December 15, 2021

ORDER TIME : 1:34 PM

ORDER NO. : 331440-005

CUSTOMER NO: 7986366

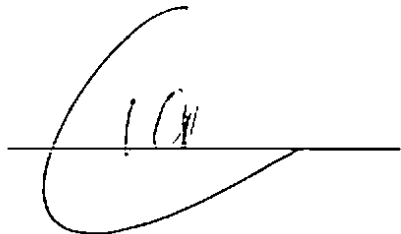
CHANGE OF AGENT

NAME: COBRO 4135 LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: 



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2021

CSC

RESUBMIT

Please give original
submission date as file date.

SUBJECT: COBRO 4135, LLC
Ref. Number: L17000055910

We have received your document for COBRO 4135, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

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) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 921A00030355

RECEIVED
TALLAHASSEE, FLORIDA

2021 DEC 16 PM 4:16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COBRO 4135 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:

SETH COHEN

Name of Person

COBRO 4135 LLC

Firm/Company

1002 E NEWPORT CENTER DRIVE, SUITE 200

Address

DEERFIELD BEACH, FL 33442

City/State and Zip Code

KLEVERETTE@INSURANCECAREDIRECT.COM

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

For further information concerning this matter, please call:

KIMBERLY LEVERETTE

919
at (_____) _____

618-7011

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: COBRO 4135 LLC
2. (a) 1002 E. NEWPORT CENTER DRIVE
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Suite 200
DEERFIELD BEACH, FL 33442
- (b) 1002 E. NEWPORT CENTER DRIVE,
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
#200
DEERFIELD BEACH, FL 33442
3. 3/3/2017
Date of filing/registration in Florida
4. L17000055910
Document number
5. (a) MARK B. GOLDSTEIN, P.A.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
2700 N MILITARY TRL #130
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
Boca Raton, FL 3343
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
Corporation Service Company
NEW Registered Office Address:
1201 Hays Street
Tallahassee, FL 32301

2021 DEC 15 AM 11:07

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.

Seth Cohen
677A74AC26F34F5

SETH COHEN

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.

Allysis Wilson - assistant vice president +
Signature of Registered Agent