

L17000 2299f9

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

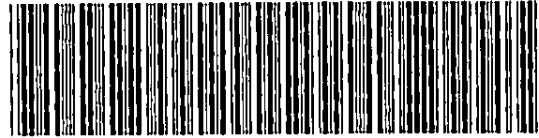
(Document Number)

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

Special Instructions to Filing Officer:

7/30

Office Use Only



600314940856

06/25/18--01043--024 \*\*35.00

18 JUL 30 PM 5:07

1110 - 5 2018  
SS. PRAHAR



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 27, 2018

SABRINA NACAD  
9565 NW 40 ST RD  
DORAL, FL 33178

SUBJECT: 2450 POINCIANA COURT LLC  
Ref. Number: L17000229989

We have received your document for 2450 POINCIANA COURT 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 CORPORATION, but your entity is a 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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 918A00013400

RECEIVED

2018 JUL 30 PM 1:50

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 2450 Poinciana Court 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:

SABRINA NACAD  
Name of Person

\_\_\_\_\_  
Firm/Company

9565 NW 40 ST RD  
Address

DORAL, FL 33178  
City/State and Zip Code

S.NACAD@TCEPCORP.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SABRINA NACAD at ( 786 ) 2392698  
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

RECEIVED  
2018 JUL 30 PM 1:50  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

**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: 2450 POINCIANA COURT LLC

2. (a) 2600 S DOUGLAS RD #501 (b) SAME  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

CORAL GABLES, FL 33134

3. \_\_\_\_\_ Date of filing/registration in Florida 4. L17000229985 Document number

5. (a) MAURICE ROTHBARD MORALES & CO  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2600 S DOUGLAS ROAD #501  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

CORAL GABLES, FL 33134

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

9565 NW 40 ST RD  
NEW Registered Office Address:

DORA, FL 33178

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

TR. BENET  
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.*

Sabrina Lacad  
Signature of Registered Agent