

L17000 239 505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FL

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JAN 11 2020

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Plantation Retail and Professional Center, 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:

Robert G. Bello, Esq.

Name of Person

Grand Palms Resort

Firm/Company

110 Grand Palms Drive, Legal Dept

Address

Pembroke Pines, FL 33027

City/State and Zip Code

robert@grandpalmsresort.com

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

For further information concerning this matter, please call:

Robert G. Bello, Esq.

914 374-3151  
at ( )

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: Plantation Retail and Professional Center, LLC

2. (a) 2135 NE 197th Terrace (b) 2135 NE 197th Terrace

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

North Miami Beach, FL

North Miami Beach, FL

33179

33179

11/20/2017

L17000239505

3. Date of filing/registration in Florida

4. Document number

5. (a) James E. Saunders, III, Esq.

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

15757 Pines Blvd.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 119

Pembroke Pines, FL 33027

(b) Robert G. Bello, Esq.

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

Grand Palms Resort

NEW Registered Office Address:

110 Grand Palms Drive, Legal Dept.

Pembroke Pines, FL 33027

**FILED**  
**2019 DEC -9 AM 10:55**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

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.

Pat Segall Trust  
Signature of a member or authorized representative of a member

Pat Segall Trust, Managing 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.*

Pat Segall Trust  
Signature of Registered Agent