

L180000 49047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

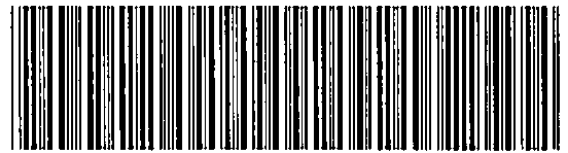
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2019 JUL -8 PM 2:45

C. GOLDEN

JUL 10 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 625 N.E 13th Avenue Associates, 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:

Andrea Leshner

Name of Person

625 N.E 13th Avenue Associates, LLC

Firm/Company

619 N.E 13th Avenue

Address

Ft. Lauderdale, Florida 33304

City/State and Zip Code

Andrea.Leshner@gmail.com

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

For further information concerning this matter, please call:

Andrea Leshner

Name of Person

at (202) 425-2097

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2019

ANDREA LESHNER
619 NE 13TH AVENUE
FORT LAUDERDALE, FL 33304

SUBJECT: 625 NE 13TH AVE. ASSOCIATES, LLC
Ref. Number: L18000049047

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

You failed to list the Florida street address for the new registered agent.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 719A00012617

2019 JUL -8 PM 2:16
RECEIVED
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH IN
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: 625 N.E. 13th Ave. Associates, LLC
2. (a) 625 NE 13th Ave. Ft. Lauderdale, Fla. 33304 619 NE 13th Ave
Principal office address of limited liability company: Ft. Lauderdale, Fla. 33304
(Note: MUST BE STREET ADDRESS) Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)

3. 2/23/18 Date of filing/registration in Florida 4. L180000 49047 Document number

5. (a) Lance A. Geller, PA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1680 Michigan Ave #700 Miami Beach, Fla. 33139
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

- (b) Andrea Leshner
Enter name of NEW Registered Agent and/or NEW Registered Office address:
619 NE 13th Ave, Ft. Lauderdale, Fla. 33304
NEW Registered Office Address:
_____, FL _____

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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.

Andrea Leshner

Signature of a member or authorized representative of a member

Andrea Leshner

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 understand 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.

Andrea Leshner

Signature of Registered Agent