

07/25/2018 10:48

Division of Corporations

From: 7862457486 RTE Title Webfax

Page: 1/3

Page 1

L18000136517

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : RITTER, ZARETSKY, LIEBER & JAIME, LLP

Account Number : 120010360015

Phone : (305) 372-0933

Fax Number : (305) 794-8111

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: cheper@vzlaw.com

LLC REGISTERED AGENT CHANGE SME28 LLC

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Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SME28 LLC, A FLORIDA LIMITED LIABILITY COMPANY
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:

OREN LIEBER, ESQ.

Name of Person

RITTER ZARETSKY LIEBER & JAIME LLP

Firm/Company

2915 BISCAYNE BLVD SUITE 300

Address

MIAMI, FLORIDA 33137

City/State and Zip Code

OLIEBER@RZLLAW.COM

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

For further information concerning this matter, please call:

OREN LIEBER, ESQ.

Name of Person

at (305) 372-0933

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: SME28 LLC
2. (a) 15 MAIDEN LN #1300 NY, NY 10038
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
- (b) 15 MAIDEN LN #1300, NY, NY 10039
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
3. 06/04/2018
Date of filing/registration in Florida
4. L18000136517
Document number
5. (a) NRAI SERVICES, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1200 SOUTH PINE ISLAND RD, PLANTATION, FL 33324
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
- (b) OREN LIEBER, ESQ.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
2915 BISCAYNE BLVD SUITE 300
MIAMI, FL 33137

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 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.

Signature of Registered Agent

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

2018 JUL 25 PM 2:00