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## **COVER LETTER**

TO: Registration Division of O	Section Corporations	•		
LHC C.	ASA GRANADA LLC			
SUBJECT:		Name of Limited Liab	bility Company	
Dear Sir or Madam:				
The enclosed Stateme	ent of Correction and fee(s) a	are submitted for filin	g.	
Please return all corre	espondence concerning this t	natter to the followin	g:	
JOSEPH BRENNAN	į.			
	Name of Person		_	
BRENNAN REALT	Y, INC.			
	Firm/Company		-	
225 ARAGON AVE	NUE			
	Address	<del>,</del>	_	
CORAL GABLES, F	FL 33134			
•	City/State and Zip Code		<u>.</u>	20
BRENNANREALTY	r@usa.com			
E-mail address:	(to be used for future annua	report notification)	<u>.</u>	123 CK
				17 17 C
For further information	on concerning this matter, pl	ease call:		STATE 08ATE
JOSEPH BRENNAN	Ţ.	305	992-5969	53 11049
Nan	ne of Person	at ( Area Code	Daytime Telephone Number	
P.O. Box 6	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check t	for the following amount:			
■S25 Filing Fee	S30 Filing Fee & Certificate of Status	☐\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

CR2E062 (9/15)



June 10, 2020

JOSEPH BRENNAN BRENNAN REALTY, INC. 225 ARAGON AVENUE CORAL GABLES, FL 33134

SUBJECT: LHC CASA GRANADA LLC

Ref. Number: L18000232745

We have received your document for LHC CASA GRANADA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

I'm sorry but you have completed the wrong form. Please sign the attached form.

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.

Letter Number: 720A00011466

Diane Cushing Senior Section Administrator

## 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. Na	ame of the limited liability company: LHC CASA GR.	ANAD.	A LL	_C				
2. (a)	(a) 225 ARAGON AVENUE			(b) 225 ARAGON AVENUE				
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	— <del>—</del>	(-,		Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	CORAL GABLES, FL 33134			CORAL GA	ABLES, FL 3313			
					<del></del>			
	16/02/2018		I	.180002327	45			
3.	Date of filing/registration in Florida	4.			Document number			
5 (a)	VANESSA M BERTRAN PA							
	Registered Agent and Registered Office shown on the records o	f the Flo	rida	Dept. of State	:			
	50 ALHAMBRA PLAZA							
	Registered Office Address (MUST BE FLORIDA STREET) 8TH FLOOR	<u>ADDR.</u>	ESS)					
	CORAL GABLES	33134	1					
	,·				29 198			
(b)								
	Enter name of NEW Registered Agent and/or NEW Registere	d Office	add:	l <u>ress</u> :	3 TARE			
	55 ALHAMBRA PLAZA				Pi Carro			
	NEW Registered Office Address:				(A) (A)			
	STH FLOOR				5.3 Tights			
	CORAL GABLES , F	L						
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited last ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e regis iability of the e limite	tered cor limited list	d office and npany, it is ted liability ability com	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.			
XVIII			OSE	PH P BENN				
	iture of a member of authorized representative of a member				Printed or typed name of signee			
provisi the obl to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change.	gree to e perfo ed for i hereby	act i rma in Ci v coi	in this capa nce of my d hapter 605, nfirm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been			

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 F1LING FEE: \$25.00

Signature of Registered Agent