1200000 40489

(Requestor's Name) (Address)	300342436233		
(Address)	30004Z400Z00		
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)	03/23/2001028011 +∗35.00		
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:	FILED 2020 APR 17 PH 3: 29 MITTHE ACCUMENTATION OF THE PHYSICAL PH		
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COVER LETTER

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TO: Registration Section	
Division of Corporations	
SUBJECT: MARAL APARTMENTS, LL	С
Name of Limited Parti	nership or Limited Liability Limited Partnership
DOCUMENT NUMBER: L200000404	89
The enclosed Statement of Change of fee(s) are submitted for filing.	Registered Office and/or Registered Agent and
Please return all correspondence conce	erning this matter to:
Henry Befeler	
Contact Person	
Firm/Company	
5712 Alton Road	
Address	
Miami Beach, FL 33140	
City, State and Zip Coo	de
henry.befeler@gmail.com	
E-mail address: (to be used for future an	nual report notification)
For further information concerning thi	s matter, please call:
Henry Befeler	at (305) 331-0310
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a \$35.00 check made paya	ble to the Florida Department of State.
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroc Street, Suite 810
	Tallahassee, FL 32303



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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

April 7, 2020

HENRY BEFLER 5712 ALTON ROAD MIAMI BEACH, FL 33140

SUBJECT: MARAL APARTMENTS LLC

Ref. Number: L20000040489

We have received your document for MARAL APARTMENTS 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 LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. 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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 820A00007452

Dear Florde deportment of Stat:

thonk you for sending me the right forms,

I've completed them and attached them. Very truly your HENRY BÉFÉLÉR www.sunbiz.org

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.

I. Nai	ne of the limited liability company:MARAL	A lar	IMENTS	LLC
2. (a)	=	(b)		20. 20. 12.125
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Iress of limited liability company: 1AY BE POST OFFICE BOX)
	5712 ALTON ROAD		5712	ALTON ROAD
	MIAMI BEACH, FL 33140	- -	MIAMI	BEACH, FC 33140
	2/3/2020		L2000	000 40489
3.	Date of filing/registration in Florida	4.	Docume	nt number
5. (a)	MARK WILLAMS, AUD Registered Agent and Registered Office shown on the records of the) e Florida D	Pept. of State;	
(b)	Registered Office Address (MUST BE FLORIDA STREET AL 1200 S. PINE ISLAND RE PLANTATION .FL HEN RI BEFELER Enter name of NEW Registered Agent and/or NEW Registered C	0AD 333		7200 APR 17 PH 3: 29
	NEW Registered Office Address: 5712 ALTON ROAD			
	MIAMI BEACH, FL	33	140	
change agent v was/we the arti	or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete points of my position as registered agent as provided by reflect a change in the registered office address, I held in writing of this change.	registered pility con the limit imited lia	I office and the bushpany, it is hereby ed liability comparbility company. HENRY Primed of	confirmed that the change(s) ny or as otherwise provided in BEFELER or typed name of signee
If the lichange agent v was/we the artification of the colling to mercification and the colling to the colling	PLANTALION FL HENRY BEFELER Enter name of NEW Registered Agent and/or NEW Registered Complete Address: 5712 ALTON ROAD MIAM BEACH, FL mitted liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete prigations of my position as registered agent as provided the reflect a change in the registered office address. The	333 Office adds s of the Segistered bility continuited lia	itate of Florida, it is office and the bustopany, it is hereby ed liability comparibility company. HENRY Printed of Florida.	s hereby confirmed that after to siness office of the registered confirmed that the change(s) my or as otherwise provided in BEFELER or typed name of signee