

L99000001701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

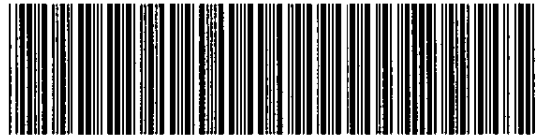
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

Feb. 25 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: URBAN RESOURCES MANAGEMENT LLC
Name of Corporation

DOCUMENT NUMBER: L99000001701

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SAUL DIAZ
Name of Contact Person

URBAN RESOURCES MANAGEMENT LLC
Firm/Company

3410 GALT OCEAN DR # 1210
Address

FORT LAUDERDALE, FLORIDA 33308
City/State and Zip Code

SAUDIAS@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAUL DIAZ at (305) 965 0031
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 15, 2010

SAUL DIAZ
URBAN RESOURCES MANAGEMENT LLC
3410 GALT OCEAN DR., #1210
FT. LAUDERDALE, FL 33308

SUBJECT: URBAN RESOURCES MANAGEMENT, LLC
Ref. Number: L99000001701

We have received your document for URBAN RESOURCES MANAGEMENT, 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 CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 510A00001227

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: URBAN RESOURCES MANAGEMENT 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:

SAUL DIAZ

Name of Person

Firm/Company

3410 GALT OCEAN DR #1210

Address

FORT LAUDERDALE, FL 33308

City/State and Zip Code

SAUDIAS@AOL.COM

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

For further information concerning this matter, please call:

SAUL DIAZ

Name of Person

at (305) 965 0031

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 608.416 or 608.508, 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: URBAN RESOURCES MANAGEMENT LLC

2. (a) ☒ Principal office address of limited liability company: 3410 GALT OCEAN DR #1210

☒ (Note: MUST BE STREET ADDRESS)

FORT LAUD
FL 33308

(b) ☐ Mailing address of limited liability company:

☐ (Note: MAY BE POST OFFICE BOX)

3410 GALT OCEAN DR #1210
FORT LAUD, FL 33308

MARCH 24, 1999

L 99 000 00 1701

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

HOFFMAN, WILLIAM ESQ

Registered Office Address:

999 BRICKELL AVE STE 650
MIAMI, FL 33131

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

NEW Registered Agent:

SAUL DIAZ

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

3410 GALT OCEAN DR #1210
FORT LAUD
FL 33308

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

SAUL DIAZ

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 608, 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

FILED
FEB 24 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA