

L99 00000 6859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

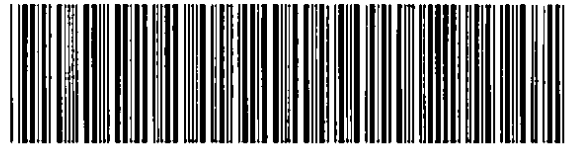
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

3rd

Office Use Only



500332766895

08/12/19--01031--004 •\$25.00

FILED
DIVISION OF STATE
CORPORATION
19 SEP -3 PM 4:54

LLC
PACTH
9/5/19
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2019

DAVID P. REINER, II, ESQ.
9100 SOUTH DADELAND BLVD
STE. 901
MIAMI, FL 33156

SUBJECT: DI-SOLE HOTEL, L.L.C.
Ref. Number: L99000006859

We have received your document for DI-SOLE HOTEL, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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: 219A00017343

RECEIVED

2019 SEP -3 PM 2:28

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DI-SOLE HOTEL, L.L.C.

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:

DAVID P. REINER, II, ESQ.

Name of Person

REINER & REINER, P.A.

Firm/Company

9100 SOUTH DADELAND BLVD., SUITE 901

Address

MIAMI, FL 33156

City/State and Zip Code

dpr@reinerslaw.com

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

For further information concerning this matter, please call:

Diana Escobar, Paralegal

Name of Person

at (305) 670-8282

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: DI-SOLE HOTEL, L.L.C.
2. (a) 730 S DIXIE HWY (b) 7311 NW 12 STREET, SUITE 1
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
MIAMI, FL 33146-2602 MIAMI, FL 33126
3. 10/19/1999 4. L99000006859
Date of filing/registration in Florida Document number

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

7311 NW 12 STREET

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE

MIAMI, FL 33126

- (b) DAVID P. REINER, II., ESQ.

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

9100 SOUTH DADELAND BLVD.

NEW Registered Office Address:

SUITE 901

MIAMI, FL 33156

FILED
JULY 27 2011
DIVISION OF CORPORATIONS
19 SEP -3 PM 4:54

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

AMIR ALMIR

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