

M04000002538

(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:

Office Use Only



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FILED  
10 MAY 17 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

MAY 18 2010

EXAMINER



**NRAI  
CORPORATE  
SERVICES**  
An NRAI Solutions Company

May 12, 2010

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: CP Pembroke Pines, LLC

Dear Filing Officer:

Please file the attached Change of Agent for the referenced company. Enclosed please find a check for the requisite fees. Please return evidence of filing to my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (800) 862-5438. Thank you very much for your assistance.

Very truly yours,

Linda Stauffer  
Client Specialist

Enclosures

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CP Pembroke Pines, 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:

Linda Stauffer

Name of Person

NRAI Corporate Services, LLC

Firm/Company

16055 Space Center Blvd., Suite 235

Address

Houston, Texas 77062

City/State and Zip Code

lstauffer@nrai.com

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

For further information concerning this matter, please call:

Linda Stauffer

Name of Person

at ( 800 )

862-5438

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

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**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: CP Pembroke Pines, LLC

2. (a) Principal office address of limited liability company: 3850 Hollywood Blvd., Ste 400



(Note: **MUST BE STREET ADDRESS**)

Hollywood, FL 33021



(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

06/28/2004

3. Date of filing/registration in Florida

M04000002538

4. Document number

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

Registered Agent:

Cornfeld, Robert M

Registered Office Address:

3850 Hollywood Blvd #400  
Hollywood, FL 33021

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

**NEW** Registered Agent:

NRAI Services, Inc.

**NEW** Registered Office Address:

2731 Executive Park Drive, Suite 4

(**MUST BE FLORIDA STREET ADDRESS**)

Weston, FL 33331

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

Robert M. Cornfeld, President of Universal Realty Corp.,  
It's Manager

Printed or typed name of signer

*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.*

by:

Linda Stauffer  
Signature of Registered Agent Linda Stauffer, Asst Secy

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00