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| - PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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SECRETARY OF STATE

J. BRYAN

MAR 1 2 2009

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: MORNINGSIDE FLORIDA, LLC (Name of Foreign Limited Liability Company) |
| Dear Sir or Madam: |
| The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| DANIEL MARZANO (Name of Person) |
| COSCULLUELA & MARZANO, P.A. (Firm/Company) 14211 COMMERCE WAY, SUITE 300 |
| 14211 COMMERCE WAY, SUITE 300 |
| (Address) |
| MIAMI LAKES, FL 33016 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| DANIEL MARZANO at (305) 817-2170 |
| (Name of Person) (Area Code and Daytime Telephone Number) |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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: \$\Bigsize \text{\$55.00 Filing Fee & \$55.00 Filing Fee & Certificate of Status} \text{\$Certified Copy} \text{\$Certified Copy} \text{\$Certified Copy} |

CR2E123(8/07)

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

| 1. The name of the limited liability compan Department of State is: MORNINGSIDE FL | |
|--|--|
| 2. This entity was formed under the laws of | f: DELAWARE |
| 3. This entity was authorized to transact but and its Florida document/registration number | |
| 4. The name and address of each manager of | or managing member is as follows: |
| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
| MGRM_ | MORNINGSIDE JACKSONVILLE PROPERTY MANAGEMENT, LLC 110 E. BROWARD BLVD, SUITE 1700 FT. LAUDERDALE, FL 33301 |
| | |
| | SECRI FALLLAI |
| | AR I I AM I I ASSEE, FL |
| | 977 F |
| | |
| Required Signature: (Signature of Manager, | Managing Member or Member) |

Filing Fee: \$25