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EXAMINER

TO: Registration Section Division of Corporations

Casa Casuarina, LLC

Name of Limited Liability Company

Dear Sir or Madam:

SUBJECT:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stacy Wein Name of Person

Attorney Firm/Company

2000 Island Blvd, Suite 3003

Aventura, Fl.33160

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

For further information concerning this matter, please call:

 Stacy Wein
 at (305)
 926-2218

 Name of Person
 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:



\$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:	Casa Casuarina, LLC	
2. (a) Principal office address of limited liability company	y: <u>1116 Ocean Drive</u>	
(<i>Note: MUST BE STREET ADDRESS</i>)	Miami Beach, Fl 33160	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
8/25/2000	M0600003474	
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:	Stacy Wein	
Registered Office Address:	1116 Ocean Drive Miami Beach Fl 33160	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2000 Island Blvd	
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.		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or fif this document is being filed to me address, I hereby confirm that the limited liability compan	ngree to act in this capacity. I further agrée to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y 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		

INHS18 (05/08)