M06000003508

•		
(R	equestor's Name)	
•		
(A	ddress)	
(A	ddress)	
ζ	u u. 200)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
		
	usiness Entity Nan	ne)
•		
(D	ocument Number)	•
Certified Copies	Certificates	of Status
Certified Copies	_ Certificates	Ol Status
Special Instructions to	Filing Officer:	
- Special instructions to	rilling Officer.	



100141997301

01/26/09--01044--021 **25.00

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CV Miami 74th Street 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:
Renee Luke (Name of Person)
National Corporate Services, Inc (Firm/Company)
7 W. Square Lake Rd Stell
Bloomfield Hills, MI 48302 (City/State and Zip Code)
For further information concerning this matter, please call:
Renee Luke at (8600) 410-6274 (Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301 Enclosed is a check for the following amount:
\$25 Filing Fee \$\sum \text{S55 Filing Fee & Certified Copy}
Maria 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. The name of the limited liability company is: CV	Miaml 74th Street LLC			 .	
2. The mailing address of the limited liability compar	ny is :				
17 State Street, 9th Floor, New York, NY 10004					
06/22/06	M06000003508				
3. Date of filing/registration in Florida 4. Document numb				_	
5. The name of the registered agent and the registered Florida Department of State:	office address as shown on the r	ecords of t	he		
CT Corporation System					
Nan	ne				
1200 South Pine Island Road					
Address			_		
Plantation, FL 33324		A-SE	3		
City, State and Zip		5	<u>ب</u>	1	
6. The name and address of the new registered agent and/or office:		HAS	09 JAN 26	GE ESTER TOTAL T	
NRAI Services, Inc.		٠		(F)#100	
Name		무역	=	1	
2731 Executive Park Drive, Suite 4		500	===	11.00 11.00 11.00	
Florida street address (P.C	D. Box NOT acceptable)	FLORIDA	AM III: 03	*4,312*	
	33331	_			
City, State a	ınd Zip				
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability com	the Florida street address of the r identical. Or, in the case of a Flo age(s) was/were authorized by an otherwise provided in the article	egistered o orida limite affirmativ	ffice xd e vote	; 1	
(Signature of a member or authorized representative of a member)					
Cease E Kuchs Ashrited (Printed or typed name of signee)	Representative				
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of a Chapter 608, F.S. Or if this document is being filed address, I hereby confirm that the limited liability con NRAI Services. Inc.	and agree to act in this capacity, ne proper and complete performany position as registered agent as o merely reflect a change in the impany has been notified in writing Brenda L. White	I further a mee of my s provided registered g of this ch	igree i duties for in office aange.	to ,	
(Signature of Registered Agent) Assistant Secretary					
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314					
FILING FEE: \$25.00					