M0600006338

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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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DIVISION OF CORPORATIONS

COVER LETTER

Division of Corporations	
SUBJECT: BRICKELL CITY CENT	ER, LLC
(Na	me of Alien Business Organization)
Dear Sir or Madam:	
The enclosed Statement of Change of Refee(s) are submitted for filing.	egistered Agent/Registered Office for Alien Business Organization and
Please return all correspondence concern	ning this matter to the following:
Steven M. Rosen	
(Name of Person)	·
Law Offices of Steven M. Rosen	, P.A
(Firm/Company)	
5601 Biscayne Boulavard	
(Address)	
Miami, Florida 33137	
(City/State and Zip Cod	le)
For further information concerning this	matter, please call:
Steven M. Rosen	at (305) 758-3100
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327 Tallahassee, Florida 32314
2661 Executive Center Circle Tallahassee, Florida 32301	Tallallassee, Florida 32314
Enclosed is a check for the following a	amount:
\$35.00 Filing Fee	\$43.75 Filing Fee & Certified Copy

INHS23 (08/05)

TO:

Registration Section



April 13, 2011

LAW OFFICES OF STEVEN M. ROSEN, P.A. 5601 BISCYANE BOULEVARD MIAMI, FL 33137

SUBJECT: BRICKELL CITY CENTER LLC

Ref. Number: M06000006338

We have received your document for BRICKELL CITY CENTER LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6067.

Letter Number: 411A00008952

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Division of Corporations		
SUBJECT: BRICKELL CITY CENTER, L. Name of Limited L		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Steven M. Rosen Name of Person		
Traine of Ferson		
5601 Biscayne Boulevard Firm/Company		
i tare e i	The state of the second	
Address	<u>.</u>	
Miami, Florida 33137	<u> </u>	
City/State and Zip Code		
Smrlws@cs.com		
E-mail address: (to be used for future annual report notification)	 _	
For further information concerning this matter, please	call:	
Steven M. Rosen at (30		
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: ""		
\$25 Filing Fee - previously sent \$55 Filing Fee & Certified Copy		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF SECRETARY OF S 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.

agent, or both, in the State of Florida.	
1. Name of the limited liability company:BRICKELL	CITY CENTER, LLC
2. (a) Principal office address of limited liability company:	1677 Collins Avenue
(Note: MUST BE STREET ADDRESS)	Miami Beach, Florida 33139
(b) Mailing address of limited liability company:	1677 Collins Avenue
(Note: MAY BE POST OFFICE BOX)	Miami Beach, Florida 33139
11/16/2006	M06000006338
3. Date of filing/registration in Florida	1. Document number
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:
Registered Agent:	Tony Sewell
Registered Office Address:	1677 Collins Avenue
	Miami Beach, Florida 33139
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	Steven M. Rosen, Esq.
NEW Registered Agent: NEW Registered Office Address:	5601 Biscayne Boulevard
(MUST BE FLORIDA STREET ADDRESS)	Miami ,FL_33137
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identically liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company.	was/were authorized by an affirmative vote vise provided in the articles of organization
V 1) \	Rosen as attorney in fact and
Signature of a member or pathorized representative of a member	as authorized agent.
Steven M. Rosen	
Printed or typed name of signee	
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the proj and I am familiar with and accept the obligations of my pos. Chapter 608, F.S. Or, if this document is being filed to mere address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00