## M0700001583

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(513)-5146-213/						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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SECRETARY OF STATE
TALL AHASSEF, FLORIDA

Indiana Control

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APR 2 6 2011

EXAMINER

## **COVER LETTER**

TQ:	Registration Section Division of Corporations							
ţ								
SUB.					H JV, LLC			
	Name o	1 Limited	ı Liadi	ncy	y Company			
Dear	Sir or Madam:							
The e	enclosed Registered Agent/Registered	l Office (	Change	e ai	nd fee(s) are sul	bmitted for filing		
Pleas	e return all correspondence concerni	ng this m	atter to	th	ne following:			
	LEO GHITIS  Name of Person		<del></del> .		•	•		
	Name of Person							
	AVENTURA NORTH LL	.C				TAL TAL	20	
	Firm/Company					LA	=	-
						HAS	2011 APR 25 PH 12: 24	
	4651 SHERIDAN ST SUITE	E 303				RY OF SEE,	ဘ	
	Address					12 P	3	5
						IF STATI FLORIC	Ď	
HOLLYWOOD, FL 33021						2		
	City/State and Zip Code					ž.		
	risa.nelson@ghitiscompany	/.COM	(no					
	urther information concerning this m			l:				
	LEO GHITIS  Name of Person	at (	954	Δ.	) 9 rea Code & Daytime	62.8166		
	ivalite of Person			Λū	ca code & Daytine	receptione (values)		
	STREET/COURIER ADDRESS:				LING ADDRES	SS:		
	Registration Section			~	tration Section	<b></b>		
	Division of Corporations Clifton Building				ion of Corporatio Box 6327	DIIS		
	2661 Executive Center Circle				hassee, Florida 32	2314		
	Tallahassee, Florida 32301							
	Enclosed is a check for the follow	ving amo	ount:					
	\$25 Filing Fee		☐ \$:	55	Filing Fee & C	Certified 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.

3						
1. Name of the limited liability company:	MP IVES NORTH JV, LLC					
2. (a) Principal office address of limited liability compa	any: AVENTURA NORTH LLC					
(Note: MUST BE STREET ADDRESS)	4651 SHERIDAN ST SUITE 303 HOLLYWOOD, FL 33021					
(b) Mailing address of limited liability company:	AVENTURA NORTH LLC					
(Note: MAY BE POST OFFICE BOX)	4651 SHERIDAN ST SUITE 303 HOLLYWOOD, FL 3302 🗠 😂					
March 16, 2007	M07000001568 3					
AUGUST-11, 2010-	WEAR.					
3. Date of filing/registration in Florida	4. Document number SSR &					
5. (a) Registered Agent and Registered Office shown on the records of the Florida Depth of state:						
Registered Agent:	HIQ CORPORATE SERVICES INC.					
Registered Office Address:	1574 VILLAGE SQUARE BLVD. TALLAHASSEE FL 32309 US					
NEW Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	AVENTURA NORTH-LEG LEG Ghitis  4651 SHERIDAN ST SUITE 303					
MUSI BE FLURIDA STREET ADDRESS	HOLLYWOOD ,FL33021					
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  LEO GHITIS						
Printed or typed name of signee						
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, FLS. Or, if this document is being filed to address, I hereby confirm that the limited liability compositions of Registered Agent	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.					
e management or a final control of the control of t						

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