

**MD76000002847**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 09 2015  
J BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 18, 2015

SERGEI VLADI  
6551 COLLINS AVE, APT 1110  
MIAMI BEACH, FL 33141

SUBJECT: AQUA AT ALLISON ISLAND HOLDINGS LLC  
Ref. Number: M07000002847

We have received your document for AQUA AT ALLISON ISLAND HOLDINGS LLC and your check(s) totaling \$30.00. 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) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 315A00024327

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Aqua at Allison Island Holdings LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sergei Vladi

Name of Person

Aqua At Allison Island Holdings LLC

Firm/Company

6551 Collins Ave, #1110

Address

Miami Beach, FL, 33141

City/State and Zip Code

asorsher@gmail.com

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

For further information concerning this matter, please call:

Alex Sorsher

Name of Person

at ( 954 ) 842-29-31

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

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

2015 DEC -8 P 4:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Aqua At Allison Island Holdings LLC

Enter new principal office address, if applicable:

(Principal office address

MUST BE A STREET ADDRESS)

6551 Collins Ave, #1110

Miami Beach, FL, 33141

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

6551 Collins Ave, #1110

Miami Beach, FL, 33141

2. The Florida document number of this limited liability company is:

M07000002847

3. Jurisdiction of its organization: Delaware Limited Liability Company

4. Date authorized to do business in Florida: 05/14/2007

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company:

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Alex Sorsher

New Registered Office Address: 900 N Federal Hwy, Ste 306

*Enter Florida Street Address*

Hallandale

Florida 33009

*City*

*Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Sergei Vladi	7-8 Great James Str., WC1N3DF, GB	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	Arbuz LLC	3300 NE 192nd Street, PH16, Aventura, 33180, FL	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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2015 DEC 19  
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TALLAHASSEE, FLORIDA

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

DR. SERGEI VLADI

Typed or printed name of signee

Filing Fee: \$25.00