

MD702204509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

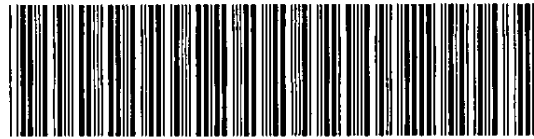
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900280333159

12/23/15--01001--017 **25.00

15 DEC 22 2015 3:39:22 A 10:05
RECEIVED
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA
SUFFICIENCY OF FILING

DEC 23 2015
BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CGC 4 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:

Daniel E. Manausa

Name of Person

Manausa Law Firm, P.A.

Firm/Company

1701 Hermitage Blvd. Suite100

Address

Tallahassee, FL 32308

City/State and Zip Code

danny@manausalaw.com

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

For further information concerning this matter, please call:

Sunita Dias at (850) 597-7616

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

☐ \$55 Filing Fee & Certified Copy

FILED
2015 DEC 22 A 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

• **STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: CGC 4 LLC

2. (a) 9841 Airport Blvd., Suite 1107 (b) 9841 Airport Blvd., Suite 1107

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Los Angeles, CA 90045

Los Angeles, CA 90045

07/30/2007

M07000004509

3. Date of filing/registration in Florida

4. Document number

5. (a) C T Corporation System

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 South Pine Island Road

Plantation, FL 33324

(b) Manausa Law Firm, P.A.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1701 Hermitage Blvd. Suite 100

Tallahassee, FL 32308

FILED
2015 DEC 22 A 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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]
Signature of a member or authorized representative of a member

Daniel Manausa
Printed or typed name of signee

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.

[Signature]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00