## MUI 06000000087

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PICK-UP WAIT MAIL			
(Business Entity Name)			
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## **COVER LETTER**

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INHS18 (5/08)

COVER	LETTER		
TO: Registration Section Division of Corporations			
SUBJECT: Lake wood Aparty Name of Limited I	unts of Delawa Liability Company	ire, LCC	-
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for	filing.	
Please return all correspondence concerning this mat	ter to the following:		
Carol Coden Name of Person	<del></del>		
Firm/Company	<u> </u>		
3250 Mary St., Ste 300	<u> </u>	2012 J SECH TALLA	and designer to a
Micani FL 33133 City/State and Zip Code	<del></del>	RETARY OF	grand loc
E-mail address: (to be used for future annual report notification)	group.com	PH 12: 26  OF STATE  OF LORIDA	
For further information concerning this matter, please	e call:		
Carol Ogden at (3	Area Code & Daytime Telephone Nur	7 mber	
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 amou	nt:		
\$25 Filing Fee	\$55 Filing Fee & Certified Cop	ру	

## 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. Name of the limited liability company: LOKLWOO	od Apartments of Delaware, Ll
2. (a) Principal office address of limited liability compa	ny:
(Note: MUST BE STREET ADDRESS)	32.50 Mary St., Ste 306 Mianu, FL 33133
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	same as above
<u> </u>	M1100000 2087
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	A
Registered Agent:	Alan W. Levine
Registered Office Address:	Ste. 700 Miami, FL 33/26 2
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office address:
<u>NEW</u> Registered Agent:	Carol Ogden =
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3250 Mary Street 3+2 306 miani ,FL 33133
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change of the members of the limited liability company or as other the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote
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 p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability compa	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 perely reflect a change in the registered office my has been notified in writing of this change.

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

Signature of Registered Agent

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