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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAW OFFICES OF STRINBERG & ASSOCIATES, P.A.

Account Number : 119980000080

Phone · Fax Number : (305)538-2344 (305)538-0419

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

## LLC REGISTERED AGENT CHANGE HIGHLANDER REAL ESTATE VENTURES, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Highlander Real Estate Ventures 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:

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		10	$\overline{}$	1110	LIE	71)

Name of Person

The Alhadeff Law Firm

Firm/Company

767 Arthur Godfrey Road

Address

Miami Beach, FL 33140

City/State and Zip Code

mark@alhadefflaw.com

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

For further information concerning this matter, please call:

Mark Alhadeff

**"** (305

538-2344

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

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## 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, 1	Name of the limited liability company: Highlander Real Estate	Ventures LLC				
2	(a) Principal office address of limited liability company	v 1680 Michigan Avenue	- A EXT.			
۷. ا	(Note: MUST BE STREET ADDRESS)	Suite 913	200			
	(NOE: MODI DE STAGES (NOBALIDO)	Miemi Beach, FL 33139				
	1		The state of the s			
	(b) Mailing address of limited liability company:	1680 Michigan Avenue				
•	(Note: MAY BE POST OFFICE BOX)	Suite 913	<b>(0.5% ) (1.6%</b>			
		Miami Beach, FL 33139	7			
			C. 7. 00			
December 20, 2011		M11000008388	700			
3, ]	Date of filing/registration in Florida	4. Document number				
5,	(a) Registered Agent and Registered Office shown on	the records of the Florida	Dept. of State:			
	Registered Agent:	Mark Rousso				
	Registered Office Address:	1980 Michigen Avenue				
	Registered Office Address,	Suite 913				
		Miami Beach, FL 33139				
	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW</u> Registered Agent:	Jose L. Fernandez				
	141744 KGB GLOCKET V. BODE.					
	NEW Registered Office Address:	1680 Michigan Avenue				
	(MUST BE FLORIDA STREET ADDRESS)	Suite 913				
		Miami Beach	,F <u>[ 33139</u>			
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						
	ted or typed name of signee	_				
I h con and Ch	ereby accept the appointment as registered agent and a apply with the provisions of all statules relative to the pr il am familiar with and accept the obligations of my po apter 608, F.S. Or, if this document is being filed to me tress, I hereby/confirm that the limited liability compan	igree to act in this capac oper and complete perfo sition as registered agen trely reflect a change in t y has been notified in wr	ity. I further agree to rmance of my dulies, it as provided for in he registered office iting of this change.			
	nature of Registered Agent					

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

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