M12000003524

	(Requestor's Name)					
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(Address)						
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(Document Number)						
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: RA BROWARD LLC			
Name of	Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
RAM TAMIR			
Name of Person			
RA BROWARD LLC			
Firm/Company			
2809 NE 35th CT			
Address			
FT LAUDERDALE, FL 33308			
City/State and Zip Code			
RAM@TWI-INC.COM			
E-mail address: (to be used for future annual re	eport notification)		
For further information concerning this matter, pleas	se call:		
KEN ELINSKY	(216 \ 906-9174		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS:		
Registration Section Registration Section Division of Corporations Division of Corporations			
Clifton Building P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following amou	int:		
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

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

I. Na	ame of the limited liability company: RA BROW	ARD LLC	
2. (a)	25550 CHAGRIN BLVD #204	(b) SAME	
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	BEACHWOOD, OH 44122		
	6/21/2012	M120000	003524
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CT CORPORATION		
· · ·	Registered Agent and Registered Office shown on the records of	of the Florida Dept, of Stat	- e:
	Registered Office Address	TADDRESS)	_
	1200 S PINE ISLAND DR #250		
	PLANTATION	L_33324	2018
		L	JUH 18 PH 4: 50
(0)	RAM TAMIR		- <u> </u>
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office address:	
	NEW Registered Office Address:		- X . 50
	2809 NE 35th CT		_
	FT LAUDERDALE , F	L_33308	
igent w was/wei	nited liability company is not organized under the la age or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited la e authorized by an affirmative vote of the members les of organization or the operating agreement of the	the registered office iability company, it is of the limited liability	and the business office of the registered shereby confirmed that the change(s)
///	M >-	RAM TAMIR	
	re of a member or authorized representative of a member		Printed or typed name of signee
he oblis o merel	v accept the appointment as registered agent and agens of all statutes relative to the proper and complete gations of my position as registered agent as provide y reflect a change in the registered office address. I in writing of this change.	ree to act in this capa performance of my a ed for in Chapter 605, hereby confirm that t	scity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signature	of Registeral Agent		

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

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. Na	me of the limited liability company:	RA BROWARI	D LLC					
2. (a)	25550 CHAGRIN BLVD #204		_ (t	SAME				
<i>Σ</i> . (α)	Principal office address of limited lia (Note: MUST BE STREET A BEACHWOOD, OH 44122		_ (*		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
			_					
	6/21/2012			M120000	03524			
3. 5. (a)	Date of filing/registration in CT CORPORATION	Florida	4.		Document n	umber		
). (a)	Registered Agent and Registered Office show	- e:						
	Registered Office Address (MUST BE F. 1200 S PINE ISLAND DR #25	<i>LORIDA STREET AI</i> 50	DDRESS	2)	-			
	PLANTATION	, FL_	33324		-	1	2010	
(b)	RAM TAMIR					LAMASSI	81 NOF 1183	;
	Enter name of NEW Registered Agent and/	or NEW Registered C	Office ad	dress:	-	35(E) E)	Pr	
	NEW Registered Office Address:				-		ł: 5	· ·
	2809 NE 35th CT			-	<i>:</i> -	0		
	FT LAUDERDALE	, FL_	33308		_			
the cha agent w was/we	mited liability company is not organinge or changes are made, the Florida will be identical. Or, in the case of a fire authorized by an affirmative vote cles of organization or the operating a	street address of the florida limited liab of the members of	he regist oility co the lim	stered office empany, it is ited liability	c and the busi s hereby conf y company or	ness of irmed the	fice of hat the	the registered change(s)
	N 2		RA	M TAMIR				
Signat	ure of a member or authorized representative	of a member		"	Printed or type	d name o	of signed	
provisio the obli to mere	by accept the appointment as register ons of all statutes relative to the propigations of my position as registered of the registered of the registered of the writing of this change.	ed agent and agre er and complete p agent as provided office address, I hi	e to act performe for in (preby co	in this cape ance of my c Chapter 605 onfirm that	acity. I furthe duties, and I c , F.S. Or, if i the limited lid	er agrec am fami this doc ability c	e to coi iliar wi zument zompar	mply with the ith and accept is being filed iy has been

Signature of Registered Agent