

M130000001688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

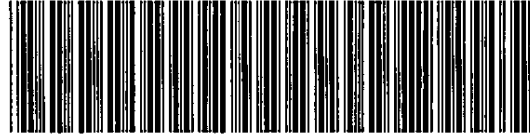
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2016 SEP 19 A 2:48
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ALL MISSISSIPPI FLORIDA

FILED

S Warren

SEP 20 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2016

SCOTT BROWN, ESQ.
BURR & FORMAN, LLP
201 N. FRANKLIN ST, SUITE 3200
TAMPA, FL 33602

SUBJECT: CARIBBEAN VILLAS WEST PALM LLC
Ref. Number: M13000001688

We have received your document for CARIBBEAN VILLAS WEST PALM LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 716A00019201

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Caribbean Villas West Palm 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:

Scott Brown, Esq.

Name of Person

Burr & Forman, LLP

Firm/Company

201 N. Franklin St., Suite 3200

Address

Tampa, FL 33602

City/State and Zip Code

sbrown@burr.com

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

For further information concerning this matter, please call:

Scott Brown, Esq.

at (813)

221-2626

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

**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: Caribbean Villas West Palm LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

4706 18th Avenue

Brooklyn, NY 11204

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

4706 18th Avenue

Brooklyn, NY 11204

03-15-2013

3. Date of filing/registration in Florida

M13000001688

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agents Legal Services, LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

155 Office Plaza Drive Suite A

Tallahassee, FL 32301

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

Scott Brown, Esq. of Burr & Forman, LLP

NEW Registered Office Address:

201 N. Franklin St., Suite 3200

Tampa, FL 33602

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.

Robert Wolf as authorized agent

Signature of a member or authorized representative of a member

Printed or typed name of signer

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 of Registered Agent

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

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2016 SEP 19 A 2:48
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TALLAHASSEE, FLORIDA