

M13 000006565

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
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RE-SUBMIT

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
4411 WEST HILLSBORO BOULEVARD HOLDINGS, LLC

RECEIVED

15 JAN 15 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

Certificate of Status	0
Certified Copy	0
Page Count	078
Estimated Charge	\$25.00

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Naysa
Culligan
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B. BOSTICK

JAN 16 2015

EXAMINER 1/13/2015



January 15, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION

SUBJECT: 4411 WEST HILLSBORO BOULEVARD HOLDINGS, LLC
REF: M13000006565

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Complete the Address of the MGR that is being Added.

You failed to make the correction(s) requested in our previous letter

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Please give to:
Neysa Culligan
Thank You!

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119

850-817-6381

1/14/2015 10:52:09 AM PAGE 1/001 Fax Server



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2015

CT CORPORATION

SUBJECT: 4411 WEST HILLSBORO BOULEVARD HOLDINGS, LLC
REF: M13000006565

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H15000007303
Letter Number: 015A00000630

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JAN 15 2015
TALLAHASSEE, FLORIDA
119

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4411 West Hillsboro Boulevard Holdings, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robin Kyle

Name of Person

C-III ASSET MANAGEMENT LLC

Firm/Company

5221 N. O'CONNOR BLVD. STE 600

Address

IRVING, TX 75039

City/State and Zip Code

RKYLE@C3CP.COM

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

For further information concerning this matter, please call:

Robin Kyle

Name of Person

at (972) 868-5388

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

\$30 Filing Fee &
Certificate of Status

\$55 Filing Fee &
Certified Copy

\$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E055 (12/14)

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TALLAHASSEE, FLORIDA

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

- 1. Name of limited liability Company as it appears on the records of the Florida Department of State: 4411 West Hillsboro Boulevard Holdings, LLC
- 2. The Florida document number of this limited liability company is: M1300006565
- 3. Jurisdiction of its organization: Maryland
- 4. Date authorized to do business in Florida: 10/16/2013

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STATE OF FLORIDA
SECRETARY OF STATE

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SECTION II (5-9 complete only the applicable changes)

- 5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

- 6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road
Enter Florida Street Address

Plantation, Florida 33324
City Zip Code

New Registered Agent's Signature, If changing Registered Agent:
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.

Cornie Buzon
If Changing Registered Agent, Signature of New Registered Agent

- 7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>C-III Asset Management LLC</u>	<u>5221 N.O'Connor Blvd.</u>	<input checked="" type="checkbox"/> Add
		<u>Irving, TX 75039</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>LNR Partners, LLC</u>	<u>1601 Washington Ave. Ste. 700</u>	<input type="checkbox"/> Add
		<u>Miami Beach, FL 33139</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 SECRETARY OF STATE
 FILING OFFICE
 TALLAHASSEE, FLORIDA

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Robin Kyle
 Signature of the authorized representative

Robin Kyle, Asst. Secretary of C-III Asset Management, It's Manager

Typed or printed name of signer

Filing Fee: \$25.00