

M14000008498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

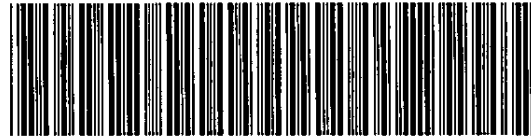
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2017

DAN P HELLER, ESQ
2701 PONCE DE LEON BLVD
SUITE 301
CORAL GABLES, FL 33134

SUBJECT: XERXES FAMILY HOLDINGS, LLC
Ref. Number: M14000008498

We have received your document for XERXES FAMILY HOLDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL LLC, but your entity is a FOREIGN 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.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 517A00023140

2017 DEC -4 AM 7:50

TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: XERXES FAMILY 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:

DAN P. HELLER, ESQ.

Name of Person

HELLER ESPENKOTTER, PLLC

Firm/Company

2701 PONCE DE LEON BOULEVARD, SUITE 301

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

DAN@HELLERLAWGROUP.COM

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

For further information concerning this matter, please call:

DAN P. HELLER

Name of Person

at (305) 777-3765

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

**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: XERXES FAMILY HOLDINGS, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: _____

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: NOVEMBER 26, 2014

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: AMBER TAYLOR

New Registered Office Address: 1521 ALTON ROAD, APT 900

Enter Florida Street Address

MIAMI BEACH

City

Florida 33139

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.



If Changing Registered Agent, Signature of New Registered Agent

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> |
|------------------------|----------------------|----------------------------|--|
| MGR | XERXES HOLDINGS, LLC | 1521 ALTON ROAD, SUITE 999 | <input checked="" type="checkbox"/> Add |
| | | MIAMI BEACH, FLORIDA 33139 | <input type="checkbox"/> Remove |
| MGR | TONY N. TALEBI | 520 WEST AVENUE, APT. 1901 | <input type="checkbox"/> Add |
| | | MIAMI BEACH, FLORIDA 33139 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
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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.

Signature of the authorized representative

Typed or printed name of signee

Filing Fee: \$25.00