M18000 008 585

(Re	equestor's Name)	
(Ac	idress)	
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(Cil	ty/State/Zip/Phone #	¥)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
Wrong	form	4085
3	Office Use Only	



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COVER LETTER

	TO: Registration Section Division of Corporations		
	SUBJECT: Haca Property Suestment LC 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:		
	Patrick Zephinin Name of Person		
	HACA Property Investment, LLC Firm/Company		
2500	Springdale Blvd Apt I-112 Address	. (11)	بخ
	West Jalm Beach, FL 33461 City/State and Zip Code	8 h-40k B	
	E-maiDaddress: (to be used for future annual report notification)	H 4: 02	CRATIONS
	For further information concerning this matter, please call: Patrick Lephinin at (561) 512-9663 Name of Person Area Code & Daytime Telephone Num	ıber	
	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 32301		
	Enclosed is a check for the following amount: S25 Filing Fee S30 Filing Fee & S55 Filing Fee & S60 Filing I Certificate of Status Certified Copy Certificate Certified C	of Status &	

CR2E055 (9/15)



October 15, 2019

PATRICK ZEPHIRIN HACA PROPERTY INVESTMENT, LLC 517 COLONIAL ROAD WEST PALM BEACH, FL 33405

SUBJECT: HACA PROPERTY INVESTMENT, LLC

Ref. Number: M18000008585

We have received your document for HACA PROPERTY INVESTMENT, 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 Florida Limited Liability Company, but your entity is a Foreign Limited Liability Company. 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) 245-6050.

Diane Cushing Senior Section Administrator

www.sunbiz.org

n o nort coop m 11 .

Letter Number: 519A00021236

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)

	•		on the records of the			
State:	HACA	Property	Twuesthe	dd, Iw.	<u>C</u>	
	ipal office addres					
(<u>Principal offic</u> MUST BE A ST	<u>e address</u> TREET ADDRES	<u>5.5</u>)				
(Mailing addre:	ing address, if app <u>ss</u> ST OFFICE BO.					9 HCV
2. The Florida d	locument number	of this limited liat	pility company is:	M1800	0000 858.	<u>-</u>
3. Jurisdiction	of its organization	n:	nility company is: しよって hanges)	ing		‡: 02 10
4. Date authori	zed to do busines	s in Florida:	ر تــــ	eptember	<u> </u>	7X_
SECTION II (5-9 complete onl	y the applicable c	hanges)			
5. New name o	f the limited liabi	lity company: (must	contain "Limited Lia	bility Compan	ıy, " "L.L.C.," or	"LLC.")
copy of the writ	tten consent of the	ate name adopted e managers or man Company," "L.L.C	for the purpose of tra aging members adop ." or "LLC.")	nsacting busin ting the alterna	ess in Florida and ite name. The alter	attach a mate name
		nt and/or registered egistered office ad	d officer address on o dress here:	our records, <u>en</u>	ter the name of the	: new
Name of New F	Registered Agent:					
New Registered	l Office Address:					
			En	ter Florida Str	vet Address	
				·	Florida Zip Co	
			City		Zip Co	oae
I hereby accept the provisions a and accept the document is bei	the appointment of all statutes rela obligations of my ing filed to merely	tive to the proper of position as registe	it and agree to act in and complete perforn cred agent as provide in the registered offic	nance of my di d for in Chapt	ities, and I am fam er 605, F.S. Or, if	iiliar with this

itle/ Capacity	Name		Address	Type of Actio
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Filing Fee: \$25.00