

N05000010747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

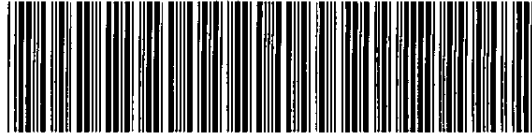
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PA Chang

08/26/09

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 8011 ABBOTT AVENUE CONDOMINIUM ASSOC.
Name of Corporation

DOCUMENT NUMBER: NO5000010747

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA GOMEZ c/o
Name of Contact Person

The Condo Management
Firm/Company

12538 COLLINS AVE, #501
Address

MIAMI BEACH, FL 33141
City/State and Zip Code

THECONDOMANAGER@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA GOMEZ at (305) 877 8687
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2009

MARIA GOMEZ
C/O THE CONDO MANAGEMENT
6538 COLLINS AVE., SUITE 501
MIAMI BEACH, FL 33141

*Per letter
reopening*

SUBJECT: 8011 ABBOTT AVENUE CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N05000010747

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 309A00027370

RECEIVED
2009 AUG 24 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: 8011 Abbott Avenue Condominium Association, Inc.
2. The principal office address: 8011 Abbott Avenue Condominium Association, Inc
C/O The Condo Management, 6538 Collins Ave, #501, Miami Beach, FL 33141
3. The mailing address (if different): same as above
4. Date of incorporation/qualification: 10/17/2005 Document number: N05000010747
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

The Condo Management

220 72 St, Suite 222

Miami Beach, FL 33141

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

William Peraza

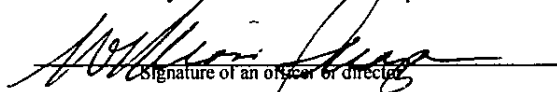
The Condo Management

P.O. Box NOT acceptable

6538 Collins Ave, #501, Miami Beach, FL 33141

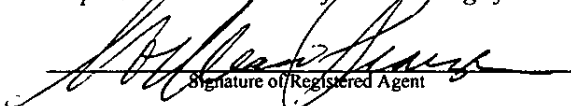
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

William Peraza
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

09.18/09
Date

If signing on behalf of an entity:

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

FILED
09 AUG 24 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA