

ND60000000690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

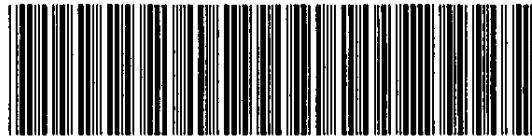
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200136082502

09/26/08--01014--001 **35.00

FILED
2008 OCT 16 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RD Change
Tew's
10-16-08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lorida Country Estates Property Owners Association, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N06000000690

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:

URI SEGEV
(Name of Contact Person)

Lorida Country Estates Property Owners Association, Inc.
(Firm/Company)

3330 NE 190 St #1010
(Address)

Aventura, FL 33180
(City/State and Zip Code)

For further information concerning this matter, please call:

Uri Segev at (305) 244-2882
(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

October 2, 2008

URI SEGEV
LORIDA COUNTRY ESTATES PROPERTY OWNERS
3330 NE 190 STREET, #1010
AVENTURA, FL 33180

SUBJECT: LORIDA COUNTRY ESTATES PROPERTY OWNERS
ASSOCIATION, INC.
Ref. Number: N06000000690

We have received your document for LORIDA COUNTRY ESTATES
PROPERTY OWNERS ASSOCIATION, INC. 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):

The document must be signed by an officer or director.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 508A00052382

FILED
2008 OCT 16 AM 10:00
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Lorida Country Estates Property Owners Association, Inc.
2. The principal office address: 3330 NE 190 St #1010
Aventura, FL 33180
3. The mailing address (if different): _____
4. Date of incorporation/qualification: January 23, 2006 Document number: N06000000690
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

ILAN MARKOVITZ

2999 NE 191 St Suite 905

Aventura, FL 33180

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

ILAN MARKOVITZ

21161 NE 22nd Ct

(P.O. Box NOT acceptable)

North Miami, FL 33180

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)

Uri Segov, Director

(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)

(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
2008 OCT 16 PM 4:26
TALLAHASSEE, FLORIDA
SECRETARY OF STATE