

N07 0000009747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

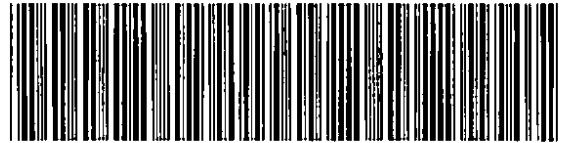
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

6342

Office Use Only



000341984730

03/16/20--01012--030 **25.00

04/22/20--01001--002 **10.00

2020 APR 21 PM 2:43
CLERK OF SUPERIOR COURT
JULIA HANSEN, CLERK

FILED

APR 21 2020

S. YOUNG



2020 APR 21 AM 10:53

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2020

PALM GARDENS AT MIRAMAR COMMERCIAL CONDOMINIUM
11352 W STATE RD 84 STE 9
DAVIE, FL 33325

SUBJECT: PALM GARDENS AT MIRAMAR COMMERCIAL CONDOMINIUM
ASSOCIATION, INC.
Ref. Number: N07000009747

We have received your document for PALM GARDENS AT MIRAMAR COMMERCIAL CONDOMINIUM ASSOCIATION, INC. 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 above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 420A00007021

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PALM GARDENS AT MIRAMAR COMMERCIAL CONDOM
Name of Corporation

DOCUMENT NUMBER: NO 7000009747

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:

Suzette Rebull
Name of Contact Person
Palm Gardens At Miramar Commercial Condominium
Firm/Company
11352 W State Rd 84 suite 9
Address
Davie, FL 33325
City/State and Zip Code
palmgardensmiramarhoa@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suzette Rebull at (954) 454-2817
Name of Contact Person Area Code & Daytime Telephone Number
Liliann Wanklung 954-534-9127
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Palm Gardens At Miramar Commercial Condominium
2. The principal office address: 14601 SW 29th Street
Miramar, FL 33027
3. The mailing address (if different): 11352 W. State Rd 84 Suite 9 Davie, FL
4. Date of incorporation/qualification: 10/3/2007 Document number: N07000009747 33325
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)

David Shear, ESQ

200 S. Biscayne Blvd ste 3600

Miami, FL 33131

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

Suzette Rebull

11352 W. State Rd 84 ste 9

P.O. Box NOT acceptable

Davie, FL 33325

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]
Signature of an officer or director

Lillian Wanklang
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]
Signature of Registered Agent

4-13-20

Date

If signing on behalf of an entity:

Typed or Printed Name

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

March Paid \$25 enclosed \$10

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

2020 APR 21 PM 2:43
FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314