

1799000001657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

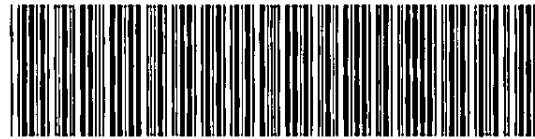
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Millennium Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N990000011657

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:

Rhonda Hollander
Name of Contact Person

Hollander, Goode & Lopez
Firm/Company

314 South Federal Highway
Address

Dania Beach FL 33004
City/State and Zip Code

Rhonda @ hgl-law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rhonda Hollander at (954) 523-3888
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 8, 2018

RHONDA HOLLANDER
314 S FEDERAL HWY
DANIA BEACH, FL 33004

SUBJECT: MILLENNIUM CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N99000001657

We have received your document for MILLENNIUM CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 818A00020914

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OCT 11 11:20 AM
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TALLAHASSEE
SECRETARY OF STATE

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: Millennium Condominium Association, Inc.
2. The principal office address: 18671 Collins Avenue,
Sunny Isles, FL 33160
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/17/1999 Document number: N99000001657
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)
Keith D. Silverstein
701 Brickell Ave STE 2000
Miami, FL 33131
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
~~XXXXXXXXXXXXXXXXXXXX~~ Hollander, Garde & Lopez P.A. (P#)
314 South Federal Highway
P.O. Box NOT acceptable
Dania Beach, FL 33004

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.

Valerie Sher
Signature of an officer or director

Valerie Sher manager LC #14
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

10/1/18
Date

If signing on behalf of an entity:

Carlos F. Lopez
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 (03/12)

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