

L11000085062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

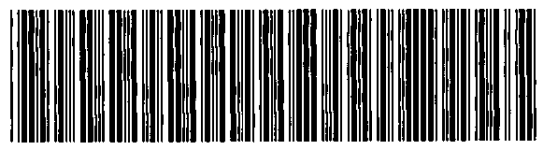
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD
SEP - 4 2012
EXAMINER



800209682388

08/31/12--01018--006 **25.00

FILED
12 AUG 31 PM 4: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

No \$



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2012

THOMAS W GOLDMAN III
780 FIFTH AVE SOUTH STE 200
NAPLES, FL 34102

SUBJECT: 5101 MARQUIS, LLC
Ref. Number: L11000085062

We have received your document for 5101 MARQUIS, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Gina McLeod
Regulatory Specialist II

Letter Number: 212A00021022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5101 Marquis, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas W. Goldman, III
Name of Person

Goldman International Law, PLLC
Firm/Company

780 Fifth Avenue South, Suite 200
Address

Naples, FL 34102
City/State and Zip Code

goldman.thomas@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Goldman at (239) 961-1899
Name of Person Area Code & Daytime Telephone Number

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 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: 5101 Marquis, LLC

2. (a) Principal office address of limited liability company: C/O John Nilbrink

(Note: MUST BE STREET ADDRESS)

1100 Biscayne Blvd, #5101
Miami, FL 33132

(b) Mailing address of limited liability company: C/O John Nilbrink

(Note: MAY BE POST OFFICE BOX)

1100 Biscayne Blvd, #5101
Miami, FL 33132

07/25/2011
3. Date of filing/registration in Florida

L11000085062
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Louis P Archambault, Esq

Registered Office Address: 2 South Biscayne Blvd., Suite 2400
Miami, FL 33131

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Thomas W. Goldman, III, Esq.

NEW Registered Office Address: Goldman International Law, PLLC
(MUST BE FLORIDA STREET ADDRESS) 780 Fifth Avenue South, Suite 200
Naples, FL 34102

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

John Nilbrink
Signature of a member or authorized representative of a member

John Nilbrink, Manager

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Thomas W. Goldman, III
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
JUL 31 PM 4:09
TALLAHASSEE, FLORIDA
DIVISION OF STATE