A05000000498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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N. Ostrigan AUG 26 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CCSS Enterprises LLLP
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A05000000498

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

Please return all correspondence concerning this matter to:

Norman J. Shea
(Contact Person)

Suplee and Shea P.A.
(Firm/Company)

800 South Osprey Ave
(Address)

Sarasota Fl 34236
(City, State and Zip Code)

For further information concerning this matter, please call:

Norman J Shea at (941) 366-3600
(Name of Contact Person) (Area Code and Daytime Telephone Number)

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

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

INHS04 (01/06)

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. CCSS Enterprises LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 3/10/2005
Date of filing/registration in Florida

3. A05000000498
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

William G. Schlotthauer
Name

200 South Orange Avenue
Address

Sarasota, Fl 34236
City, State and Zip

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TALLAHASSEE FLORIDA

5. The name and Florida street address of the new registered agent and/or office:

Norman J. Shea III
Name

800 South Osprey Ave
Florida street address (P.O. Box not acceptable)

Sarasota FL 34231
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Signature of General Partner

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 an accept the obligations of my position as registered agent.

Signature of Registered Agent

Filing Fee: **$35.00**
Certified Copy (optional): **$52.50**