

Ab900000077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

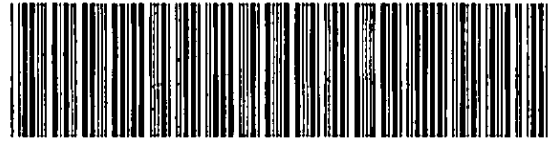
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400311356154

04/05/18--01024--002 **35.00

2018 APR -5 P 12:11

04/05/18

4/9/18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FBR INVESTMENTS, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A09000000177

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:

Andrew Cummings, Esq.
Contact Person
Weiner & Cummings, P.A.
Firm/Company
1428 Brickell Ave., Suite 400
Address
Miami, FL 33131
City, State and Zip Code
ac@wcvlaw.com
E-mail address: (to be used for future annual report notification)

2019 FEB -5 P 12:11

For further information concerning this matter, please call:

Andrew Cummings at (305) 371-7800 x107
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

**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. FBR INVESTMENTS, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 03/12/2009 3. A09000000177
Date of filing/registration in Florida Florida document number

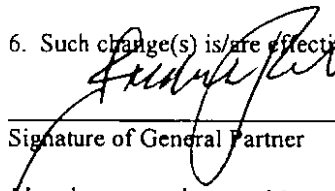
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

T & S REGISTERED AGENTS, LLC
Name
4855 TECHNOLOGY WAY, suite 720
Address
Boca Raton, FL 33431
City, State and Zip

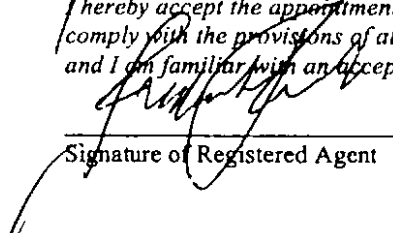
5. The name and Florida street address of the new registered agent and/or office:

Fred Rubin
Name
777 NE 35th Street
Florida street address (P.O. Box not acceptable)
Boca Raton FL 33431
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 and accept the obligations of my position as registered agent.


Signature of Registered Agent

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