

# **2014 LIMITED PARTNERSHIP REINSTATEMENT**

DOCUMENT# A10000000398

**FILED**  
**Oct 07, 2014**  
**Secretary of State**

**Entity Name:** FIRST FLORIDA MANAGEMENT SERVICES LIMITED LIABILITY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

600 DRUID RD E  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

600 DRUID RD E  
CLEARWATER, FL 33756

**New Mailing Address:**

**FEI Number:** 27-3099370

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOYLES, SEAN  
600 DRUID RD E  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: MOYLES, JAMES W  
Address: 600 DRUID RD E  
City-St-Zip: CLEARWATER, FL 33756

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: SEAN, MOYLES  
Address: 600 DRUID RD E  
City-St-Zip: CLEARWATER, FL 33756

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: JAMES W MOYLES

GP

10/07/2014

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date