A11000000020

(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

400210091434

07/20/11--01009--004 **35.00

FILED
2011 JUL 20 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
JUL 21 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAK Family Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A11000000020

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:

DAVE MASTERS
Contact Person

Firm/Company

3190 SEA TRAWLER Bend #4
Address

N. Ft. Myers, FL 33903
City, State and Zip Code

mastersd@AOL.com
E-mail address: (to be used for future annual report notification)

FILED
2011 JUL 20 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DAVE MASTERS at (239) 872-1872
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. DAK Family Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

2. 1/4/11
Date of filing/registration in Florida

3. A11000000020
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:

David Masters
Name

3190 Sea Trawler Bend #4
Address

N. Ft. Myers, FL. 33903
City, State and Zip

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

Gregory Masters
Name

2731 Delcrest Dr.
Florida street address (P.O. Box not acceptable)

Orlando FL 32817
City, State and Zip

FILED
2011 JUL 20 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

David Masters
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**