

A29 325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

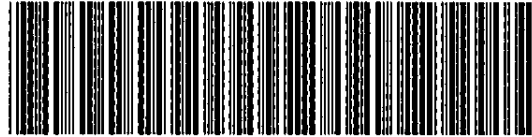
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**CAPITOL
SERVICES**

January 19, 2007

FLORIDA SECRETARY OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: **LVWD, LTD.**

Dear Filing Officer:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations, for the above referenced name, which is to be filed in your office. Also enclosed is check #12312 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions, please contact x153 at 800-345-4647.

Thank you,

Myra Simmons-Homer
Registered Agent Services
Enclosures

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TALLAHASSEE, FLORIDA

PO BOX 1831
AUSTIN, TX 78767

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

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. LVWD, LTD.

Name of the limited partnership

2. 12/11/1989

Date of filing/registration in Florida

3. A29325

Document number assigned

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

Capitol Corporate Services, Inc.

Name

1333 North Duval St.

Address

Tallahassee, FL 32303

City, State and Zip

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

CAPITOL CORPORATE SERVICES, INC.

Name

155 Office Plaza Dr.

Florida street address (P.O. Box not acceptable)

TALLAHASSEE FL 32301

City, State and Zip

6. Such change(s) was/were authorized by the general partners.

LVWD, Ltd.

By: GBEWD, Inc

Signature of General Partner

Anthony J. Cardamone Asst. Sec.

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

Delanie Case

Delanie Case, Asst. Sec

Signature of Registered Agent

Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00

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TALLAHASSEE, FLORIDA