

# A30079

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

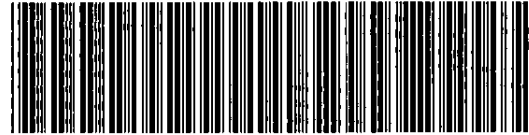
Special Instructions to Filing Officer:

**L. SELLERS**

JUN 22 2011

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**COVER LETTER**

**TO:** ... Registration Section  
Division of Corporations

**SUBJECT:** Catexor Limited Partnership LLC  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A30079

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:

Melanie Mochan  
Contact Person  
Catexor Inc  
Firm/Company  
2730 SW 3rd Avenue, Suite 800  
Address  
Miami, FL 33129  
City, State and Zip Code  
mmochan@catexor.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melanie Mochan at ( 305 ) 856-8500  
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. Catexor Limited Partnership I  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 6/1/1990  
Date of filing/registration in Florida

3. A30079  
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:

Britt-Marie Wennerstrom  
Name

2730 SW 3rd Avenue, Suite 800  
Address

Miami, FL 33129  
City, State and Zip

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

Stig Wennerstrom  
Name

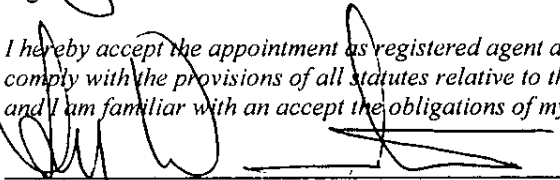
2730 SW 3rd Avenue, Suite 800  
Florida street address (P.O. Box not acceptable)

Miami FL 33129  
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

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