

A04000000502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

A04-502

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Gulligan FEB 19 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cambrian LTD
(Name of Corporation)

DOCUMENT NUMBER: A04006000502

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Reynold Davis
(Name of Contact Person)

Cambrian LTD
(Firm/Company)

460 Atlantic Blvd
(Address)

Juno Beach FL 33408
(City/State and Zip Code)

For further information concerning this matter, please call:

Reynold Davis at (561) 310-2300
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2008

PEGGY DAVIES
460 ATLANTIC BLVD.
JUNO BEACH, FL 33408

SUBJECT: CAMBRIAN, LTD.
Ref. Number: A04000000502

We have received your document for CAMBRIAN, LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 308A00005411

(going to pay)
on 2/14

**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. Cambrian LTD
Name of Limited Partnership or Limited Liability Limited Partnership
2. 3-30-2004 3. AC4000000507
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:

Mann & Wolf LLP
Name
33 S.E. 4th Street, Ste 102
Address
Deer Lake, FL 33432
City, State and Zip

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

Mann & Wolf LLP
Name
55 N.E. 5th Ave Suite 500
Florida street address (P.O. Box not acceptable)
Deer Lake FL 33432
City, State and Zip

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

Robert M Wolf PA Partner
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.

Robert M Wolf PA Partner
Signature of Registered Agent

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA