

#B02000000000/6

(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



500242932975

12/27/12--01014--002 **95.00

FILED
12 DEC 27 PM 5:27
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

JAN - 2 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Los Atrevidos Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B02000000016

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:

Warren Thompson

Contact Person

Los Atrevidos Limited Partnership

Firm/Company

P.O. Box 236

Address

Santa Fe, NM 87504

City, State and Zip Code

warrenthompson@mac.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Warren Thompson

Name of Contact Person

at (505)

474-4870

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. Los Atrevidos Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

2. 2002 3. B02000000016
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:

A1A Registered Agent, Inc.
Name
5647 110th Ave. North
Address
Royal Palm Beach, FL 33411
City, State and Zip

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

Northwest Registered Agent LLC
Name
3030 N. Rocky Point Dr. STE 150A
Florida street address (P.O. Box not acceptable)
Tampa FL 33607
City, State and Zip

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

[Signature]
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] Dan Keen-Manager
Signature of Registered Agent

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

FILED
12 DEC 27 PM 5:21
CLERK OF STATE
TALLAHASSEE, FLORIDA