A03000001636

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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K.SALY EXAMINER MAY 16

COVER LETTER

Division of Corporations					
SUBJECT: Fort Da	SUBJECT: Fort Dallas Golf Club, Ltd				
Name of Limited Partnership or Limited Liability Limited Partnership					
DOCUMENT NUMBER:	R:A0300001636				
The enclosed Statement of Change of Regist fee(s) are submitted for filing.	ered Office and/or Registered Agent and				
Please return all correspondence concerning	this matter to:				
Catherine H. Lorié					
Contact Person					
Firm/Company					
133 Sevilla Avenue					
Address					
Coral Gables, FL 33134 City, State and Zip Code					
•					
lorie@apachecap.co E-mail address: (to be used for future annual re	m port notification)				
For further information concerning this matt					
Catherine H. Lorié	at (305) 285-5588				
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:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P. O. Box 6327				
2661 Executive Center Circle	Tallahassee, FL 32314				
Tallahassee, FL 32301					

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. Fort Dallas Golf Club, Ltd. Name of Limited Partnership or Limited Liability Limited Partnership					
	mber 20, 2003	3.	A030000016	36	
Date of filing/registration in Florida Florida document number					
4. The name of the reg Department of State:	gistered agent and the registered off	ice address	as shown on the record	s of the Florida	
	Stephan J. M	иedina			
•	Name				
133 Sevilla Avenue					
	Address				
	Coral Gables, Flo	orida 331	34		
City, State and Zip					
5. The name and Florida street address of the new registered agent and/or office: Catherine H. Lorié Name 133 Sevilla Avenue Florida street address (P.O. Box not acceptable) Coral Gables FL 33134					
	Catherine H	. Lorié			
	Name			SE T	
	133 Sevilla Avenue				
Florida street address (P.O. Box not acceptable)					
	Coral Gables	F	L 33134	SE SE	
	City, State ar		<u> </u>	<u> </u>	
6. Such change(s) is/a Cuther Signature of General F	re effective when filed by the Flori	da Departm	ent of State.		
comply with the provis	pointment as registered agent and a sions of all statutes relative to the p i an accept the obligations of my po the Agent	roper and c	omplete performance o		

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50