

08/28/2017 15:51
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#A29383

(FAX)

P.001/003

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : URS AGENTS LLC
Account Number : I20150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: fgawlinaki@lpiholdings.com

REGISTERED AGENT CHANGE
LPI/KEY WEST ASSOCIATES, LTD.

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LPI/KEY WEST ASSOCIATES, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A29383

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:

JENNIFER GAWLINSKI

Contact Person

LPI/KEY WEST ASSOCIATES, LTD.

Firm/Company

2614 TAMIAMI TRAIL NORTH, STE 632

Address

NAPLE, FL 34103

City, State and Zip Code

jgawlinski@lpiholdings.com

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

For further information concerning this matter, please call:

URS Agents, c/o Kanetha Bishop at (800) 567-4397
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

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**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. LPI/KEY WEST ASSOCIATES, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/21/1989 3. A29383
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:

SKRLD, INC.
Name
201 ALHAMBRA CIRCLE 1102
Address
CORAL GABLES, FL 33134
City, State and Zip

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

URS AGENTS, LLC
Name
3458 LAKESHORE DR
Florida street address (P.O. Box not acceptable)
TALLAHASSEE FL 32312
City, State and Zip

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

James Geeslin for Thomas E. Lewis
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.

K. Bishop Karoline Bishop, Assistant Secretary
Signature of Registered Agent

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

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