

A10000000060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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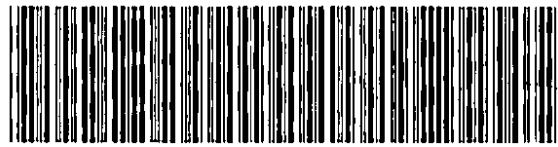
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PEMBROKE CAY INVESTMENTS, LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A10000000060

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:

Peter M. Lopez, Esq.

Contact Person

Peter M. Lopez, P.A.

Firm/Company

1911 NW 150 Avenue, Suite 201

Address

Pembroke Pines, Florida 33028

City, State and Zip Code

pmlopezpa@yahoo.com

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

For further information concerning this matter, please call:

Peter M. Lopez, Esq.

Name of Contact Person

at ( 954 )

Area Code and Daytime Telephone Number

436-6111

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. PEMBROKE CAY INVESTMENTS, LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. February 1, 2010  
Date of filing/registration in Florida

3. A10000000060  
Florida document number

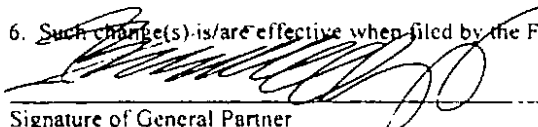
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

ATRIUM REGISTERED AGENTS, INC.  
Name  
1550 SAN REMO AVE., SUITE 125  
Address  
CORAL GABLES, FL 33146  
City, State and Zip

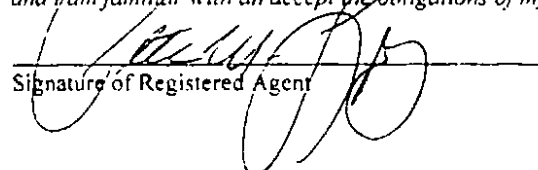
5. The name and Florida street address of the new registered agent and/or office:

PETER M. LOPEZ, P.A.  
Name  
1911 NW 150th Avenue, Suite 201  
Florida street address (P.O. Box not acceptable)  
Pembroke Pines FL 33028  
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

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ALLIANCE OF FLORIDA