## A000000543

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name)	
· · · · · · · · · · · · · · · · · · ·		
(0)	ocument Number)	
Certified Copies	Certificates of	Status
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SECRETARY OF STATE
TALLAHASSEF, FIGURE

D. BRUCE

MAR 10 2009

**EXAMINER** 

## **COVER LETTER**

**TO:** Registration Section

Division of Corporations

SUBJECT: MARMI, LTD.

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A00000000543

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:

AMY B. BELLER, ESQ.

(Contact Person)

THE BELLER LAW FIRM, P.A.

(Firm/Company)

2101 NW CORPORATE BLVD., #316

(Address)

BOCA RATON, FL 33431

(City, State and Zip Code)

For further information concerning this matter, please call:

AMY B. BELLER

., 561

.994-4316

(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

INHS04 (01/06)

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SECRETARY OF STATE

## 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.

I. MARMI, LTD.	
Name of Limited Partnership or Limited	Liability Limited Partnership
2.03/28/2000	<sub>3.</sub> A0000000543
Date of filing/registration in Florida	Florida document number
4. The name of the registered agent and the registered office Department of State:	address as shown on the records of the Florida
TIMOTHY M. HORSTI	NG, ESQ.
Name	<del></del>
1515 UNIVERSITY DR	IVE, SUITE 202
Address	
CORAL SPRINGS, FL	33071
City, State and	Zip
5. The name and Florida street address of the new registered	l agent and/or office:
AMY B. BELLER, ESQ	LA LA
Name	H <sup>m</sup> AR
2101 NW CORPORAT	E BLVD., #316 SSR 9
Florida street address (P.O. Bo	ox not acceptable)
BOCA RATON	FL 33431  FL 33431  FL 33431
City, State and	Zip REE 3
6. Such change(s) is/are effective when filed by the Florida  Signature of General Partner	<b>∑</b> ' ' <del>-</del>
I hereby accept the appointment as registered agent and agree comply with the provisions of all statutes relative to the proposition of am familiar with an accept the obligations of my positions.  Signature of Registered Agent  Filing Ree:  \$35.00  Certified Copy (optional):  \$52.50	per and complete performance of my duties,