

A00000000563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE FLORIDA

**COVER LETTER**

**TO:** Registration Section

Division of Corporations

**SUBJECT:** ST. Michael, Ltd  
(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A00000000 563

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:

Dan Bellows

(Contact Person)

ST. Michael, Ltd

(Firm/Company)

Po Box 350

(Address)

Winter park, FL 32790-0350

(City, State and Zip Code)

For further information concerning this matter, please call:

Dan Bellows

(Name of Contact Person)

at ( 407 ) 644-3151

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 23, 2008

DANIEL BELLOWES  
P.O. BOX 350  
WINTER PARK, FL 32790-0350

SUBJECT: ST. MICHAEL, LTD.  
Ref. Number: A00000000563

We have received your document for ST. MICHAEL, LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited partnership. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 308A00051173

**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. ST. Michael, Ltd  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 3/31/00 3. A 000000000 563  
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:

LAURA MOA  
Name  
533 W. NEW ENGLAND AVE  
Address  
WINTER PARK, FL 32789  
City, State and Zip

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

DANIEL B. BELLONS  
Name  
533 W. NEW ENGLAND AVE, SUITE C  
Florida street address (P.O. Box not acceptable)  
WINTER PARK FL 32789  
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]  
Signature of Registered Agent

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA