

A000000000711

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(Address)

(Address)

(City/State/Zip/Phone #)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** McLane Business Center LTD LLP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A000000000711

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:

Theresa Tucci  
Contact Person  
Markay Management Inc  
Firm/Company

One South Orange Ave Ste 404  
Address  
Orlando FL 32801  
City, State and Zip Code

theresa@markaymanagementinc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Theresa Tucci at (407) 206-2000  
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

**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. McLane Business Center LTD LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 8/19/2003

Date of filing/registration in Florida

3. 000000000711

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:

Pamela Price, Esq.

Name

301 E. Pine St. Suite 1400

Address

Orlando Fl. 32801

City, State and Zip

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

Harry Katzen

Name

One South Orange Ave Ste 404

Florida street address (P.O. Box not acceptable)

Orlando FL 32801

City, State and Zip

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

Monet, John, President Nextek, Inc

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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