

A010000000072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

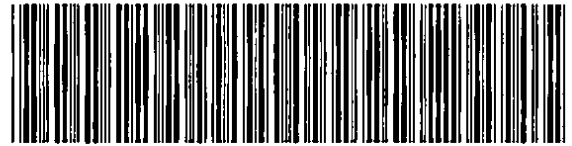
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000338952770

STATE OF OHIO - 01004 - 025 \$5.00

2020 JAN 16 P 2:21

FILED

LP
RACH

APR 03 2020

D CONNEL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 FEB 30 PM 12:33

February 13, 2020

* For reference

KATHLEEN P. ELLER
PICKLE FAMILY LTD.
516 LAKEWAY DRIVE
SAINT AUGUSTINE, FL 32080

SUBJECT: PICKLE FAMILY LTD.
Ref. Number: A01000000072

resubmitted 3/26/20

We have received your document for PICKLE FAMILY LTD. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE INCORRECT FORM WAS SUBMITTED.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 020A00003319

✓
Redone
Sent 3/26/20
Kathleen P. Eller

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pickle Family Limited
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A01000000072

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:

Kathleen P. Eller
Contact Person

Pickle Family LTD
Firm/Company

516 Lakeway Drive
Address

St. Augustine, FL 32080
City, State and Zip Code

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

For further information concerning this matter, please call:

Kathleen P. Eller at (239) 938-6340
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

(Already paid)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS04 (01/06)

* check # 551 For \$55.00 sent on Jan 14, 2020 (you retained this check)

**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. Pickle Family LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

2. Jan. 12, 2001 3. A01000000072
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:

Kathleen P. Eller
Name

19877 Allaire Lane
Address

FT. MYERS FL 33908
City, State and Zip

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

Kathleen P. Eller
Name

516 Lakeway Drive
Florida street address (P.O. Box not acceptable)

ST. AUGUSTINE FL 32080
City, State and Zip

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

Kathleen P. Eller
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.

Kathleen P. Eller
Signature of Registered Agent

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

* Sent check # 551
on Jan. 14, 2020
For \$55.00 (you retain this che

2020 JAN 16 P 2:21

FILED