

A020000000084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

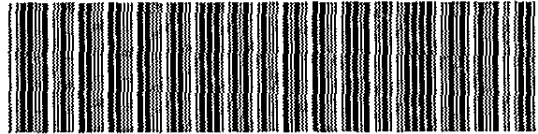
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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A02-84
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 25, 2006

SCOT SHANE
1456 W. NEWPORT CENTER DR.
DEERFIELD BEACH, FL 33442

SUBJECT: THE NO EXIT LIMITED PARTNERSHIP
Ref. Number: A02000000084

We have received your document for THE NO EXIT LIMITED PARTNERSHIP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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

If you have any questions concerning the filing of your document, please (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 106A00047096

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The No Exit Limited Partnership
(Name of Corporation)

DOCUMENT NUMBER: A02000000084

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scot Shane
(Name of Contact Person)

Milano Brothers Intl
(Firm/Company)

1456 W. Newport Center Drive
(Address)

Deerfield Beach, FL 33442
(City/State and Zip Code)

For further information concerning this matter, please call:

Scot Shane at (954) 420-5000
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The No Exit Limited Partnership
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A02000000084

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:

Scot Shane
(Contact Person)
Milano Brothers International
(Firm/Company)
1456 W. Newport Center Dr.
(Address)
Deerfield Beach, FL 33442
(City, State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Scot Shane at (954) 420-5000
(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)

**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. The No Exit Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership
2. 1/18/02 3. A02000000084
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:

Li Bow, Allen H
Name

3351 NW Boca Raton Blvd
Address

Boca Raton, FL 33431
City, State and Zip

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TALLAHASSEE, FLORIDA

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

Pier Guidugli
Name

1456 W. Newport Center DR
Florida street address (P.O. Box not acceptable)

Deerfield Beach FL 33442
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 the obligations of my position as registered agent.

Signature of Registered Agent

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