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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

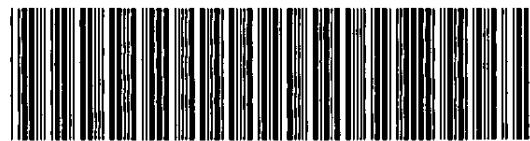
(Business Entity Name)

(Document Number)

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D. BRUCE
JUN 21 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pompano Beach Pier, Ltd.

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A02000000616

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:

Maria T. Fundora

Contact Person

Pompano Beach Pier, Ltd.

Firm/Company

3390 Mary Street, Suite 200

Address

Coconut Grove, FL 33133

City, State and Zip Code

m.fundora@swerdlow.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria T. Fundora

at (305) 442-6530

Name of Contact Person

Area Code and Daytime Telephone Number

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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. Pompano Beach Pier, Ltd.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 04/23/2002

Date of filing/registration in Florida

3. A02000000616

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:

Theodore Stotzer

Name

321 East Hillsboro Boulevard

Address

Deerfield Beach, FL 33441

City, State and Zip

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

Brett Dill

Name

3390 Mary Street, Suite 200

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

Coconut Grove FL 33133

City, State and Zip

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

Brett Dill
Signature of General Partner

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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.

Brett Dill
Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50