

**A020000000616**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

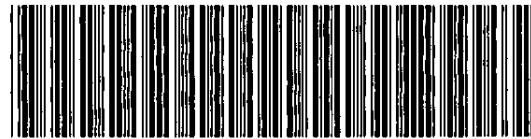
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Name of Contact Person

at ( 305 )

Area Code and Daytime Telephone Number

442-6530

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

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12 JUN 20 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 3. A02000000616  
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:

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.

X Brett Dill  
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.*

X Brett Dill  
Signature of Registered Agent

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

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