

A02000000000779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

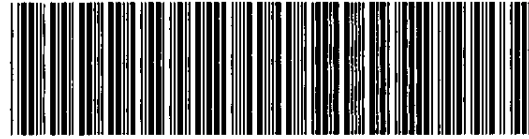
Special Instructions to Filing Officer:

Office Use Only

**G. MCLEOD**

NOV 22 2011

**EXAMINER**



400214366764

11/21/11--01010--003 \*\*35.00

FILED  
11 NOV 21 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Courthouse Centre of Sarasota, LTD  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A02000000779

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:

Ron Downie

Contact Person

Reagan Asset Management, LLC

Firm/Company

711 S. Osprey Ave., Ste. 1

Address

Sarasota, FL 34236

City, State and Zip Code

ron@reaganasset.com

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

For further information concerning this matter, please call:

Ron Downie

Name of Contact Person

at ( 941 )

954-4044

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. Courthouse Centre of Sarasota, Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 06/03/2002 3. A02000000779  
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:

John D. Macaskill  
Name

711 S. Osprey Ave., Ste. 1  
Address

Sarasota, FL 34236  
City, State and Zip

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

Gary Kauffman, Esq.  
Name

711 S. Osprey Ave., Ste. 1  
Florida street address (P.O. Box not acceptable)

Sarasota FL 34236  
City, State and Zip

FILED  
11 NOV 21 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Mark Kauffman  
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.*

Gary Kauffman  
Signature of Registered Agent

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