

A020000001347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

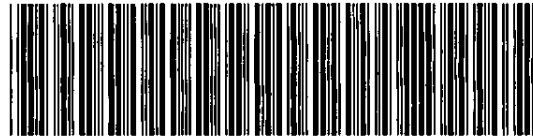
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100260749051

06/02/14--01020--004 **35.00

FILED
14 JUL - 1 AM 8:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUL - 3 2014

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Desai^o limited Partnership.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A02000001342

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:

Seema Desai

Contact Person

Firm/Company

1841 Brigantines Blvd NE.
Address

St. Petersburg FL 33704
City, State and Zip Code

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

For further information concerning this matter, please call:

Seema Desai at (727) 688-8455
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2014

SEEMA DESAI
1841 BRIGHTWATERS BLVD NE
ST PETERSBURG, FL 33704

SUBJECT: DESAI LIMITED PARTNERSHIP
Ref. Number: A02000001347

We have received your document for DESAI 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 914A00012971

**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. Desai Limited Partnership.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 10/09/2002 3. A02000001347
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:

Corporation Services Company
Name

1201 Hays Street
Address

TALLAHASSEE FL 32301-2525
City, State and Zip

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

Seema Desai
Name

1841 Brigant Waters Blvd NE
Florida street address (P.O. Box not acceptable)

St. Petersburg FL 33704
City, State and Zip

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

Desai
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.

Desai
Signature of Registered Agent

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

FILED
14 JUL - 1 AM 8:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA