

A030000000122

William D. Soman  
(Requestor's Name)

3471 main Highway  
(Address)

# 6022  
(Address)

Coconut Grove, FL 33133  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Time  
Availability

Document  
Examiner

DCC

Office Use Only

Updater

DCC

Updater  
Verifier

DCC

Acknowledgement

DCC

W. P. Verifier

DCC



800057947998

08/08/05--01014--007 \*\*35.00

2005 AUG - 8 A 10:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED  
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. SUSAN SCOTT ENTERPRISES, LLLP

Name of the limited partnership

2. JANUARY 27, 2003

Date of filing/registration in Florida

3. A03000000122

Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

WILLIAM D. SOMAN, P.A.

Name

9000 Arvida Drive

Address

Coral Gables, FL 33156

City, State and Zip

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

WILLIAM D. SOMAN

Name

3471 MAIN HIGHWAY, #622

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

COCONUT GROVE FL 33133

City, State and Zip

6. Such change(s) was/were authorized by the general partners.

**NWTR, LLC, General Partner**

By:

William D. Soman, Manager

Signature of General Partner **William D. Soman, Manager**

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.*

William D. Soman

Signature of Registered Agent

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 AUG - 8 A 10:25

FILED