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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

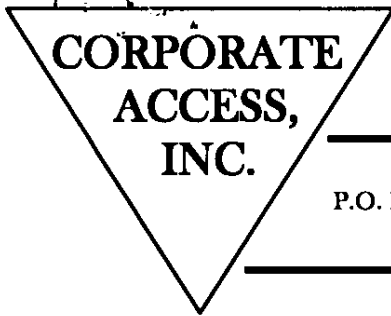
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B. KOHR

OCT 22 2010

EXAMINER

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When you need ACCESS to the world

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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1. Pine Meadows Associates, Ltd.
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2010

CORPORATE ACCESS

TALLAHASSEE, FL

SUBJECT: PINE MEADOWS ASSOCIATES, LTD.
Ref. Number: A03000000340

*Corrected
Resubmitted
10/22*
FILED
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DIVISION OF CORPORATIONS
10 OCT 22 PM 2:45

We have received your document for PINE MEADOWS ASSOCIATES, LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that your \$35.00 payment has been RETAINED.

A GENERAL PARTNER must sign in Item 6.

Also, please enter the correct document number -- A03000000340 -- in Item 3.

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) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 210A00024920

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DIVISION OF CORPORATIONS
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. Pine Meadows Associates, Ltd.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 02/28/2003

Date of filing/registration in Florida

3. 820588658

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:

CT Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

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

NRAI Services, Inc. Lori Stuhlman, Asst. Sec.

Name

2731 Executive Park Drive, Suite 4

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

Weston

FL 33331

City, State and Zip

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

Lori Stuhlman
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.

NRAI Services, Inc. Lori Stuhlman, Asst. Sec.

by: *Lori Stuhlman*
Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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