## AU3UUUUU0361

B. KOHR

JUL 2 3, 2012

**EXAMINER** 



900237104389

07/13/12--01017--009 \*\*60.00



## 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. LEONT REMENSON'ASSOCIATES, LTD- Name of Limited Partnership or Limited Liability Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership
2. 3/5/2003 Date of filing/registration in Florida  3. A03 000 000 3 6  Florida document number
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 Florid Department of State:
REMENSON, LEONID
3040 CANTERBURY DEIVE
3070 CANTERBURY DRIVE  Address  Boca Raton, FL 33434  City State and Zip
City, State and Zip
5. The name and Florida street address of the new registered agent and/or office:
LEONID REMENSON, MD
Name
5350 W. ATLANTIC AVE. STE. 106
Florida street address (P.O. Box not acceptable)
DELRAY BEACH FL 33484  City, State and Zip
City, State and Zip
6. Such change(s) is are effective when filed by the Florida Department of State.
LEONID REMENSON
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 funition with an accept the obligations of my position as registered agent.
LEONID REMENSON
Signature of Registered Agent

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