

A030000001347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

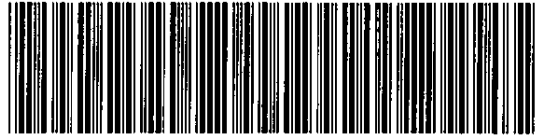
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STROBEL LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A03000001347

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:

Klaus W. Strobel

Contact Person

Strobel Management. Inc.

Firm/Company

101425 Overseas Hwy., #912

Address

Key Largo, FL 33037

City, State and Zip Code

strobelstatements@mac.com

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

For further information concerning this matter, please call:

Klaus W. Strobel

Name of Contact Person

at (305)

853-4927

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

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**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. Strobel Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership
2. 09/12/2003 3. A03000001347
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:

PASTOR & GOLBOIS CPAS, P.A.
Name
7700 CONGRESS AVE, Suite 3107
Address
BOCA RATON, FL 33487
City, State and Zip

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

Klaus W. Strobel
Name
101425 Overseas Hwy., #912
Florida street address (P.O. Box not acceptable)
Key Largo FL 33037
City, State and Zip

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

[Signature] PRESIDENT STROBEL MANAGEMENT, INC.
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.

[Signature]
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA