

A040000000040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

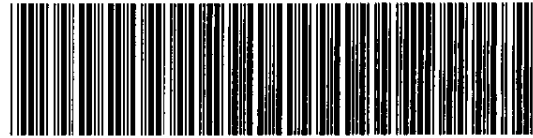
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

OCT 12 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GB LIMITED PARTNERSHIP, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A04000000040

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:

RICHARD E STRAUGHN

Contact Person

Firm/Company

502 E BRIDGERS AVENUE

Address

AUBURNDALE FL 33823

City, State and Zip Code

RROOP@COMCAR.COM

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

For further information concerning this matter, please call:

RENEE ROOP

Name of Contact Person

at (863)

9656840

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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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. GB LIMITED PARTNERSHIP, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 01/08/2004 3. A04000000040
Date of filing/registration in Florida Florida document number

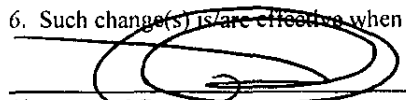
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CORPORATION SERVICE 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:

RICHARD E STRAUGHN
Name
502 E BRIDGERS AVENUE
Florida street address (P.O. Box not acceptable)
AUBURNDALE FL 33823
City, State and Zip

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


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 of Registered Agent

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

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