

A040000000180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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A04-180
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STRALEY ROBIN & WILLIAMS

Attorneys At Law

November 4, 2005

Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

We are pleased to enclose Statement of Change of Registered Agent and/or Registered Office for Alien Business Organization reflecting the address change for the registered agent for the entities listed below:

1. Barnard, LLC;
2. Personal Management Care, Inc.;
3. Buck Family Management, LLC;
4. Buck Family Limited Partnership;
5. Highway 54 East, LLC;
6. Simanco 54, LLC;
7. Wells SR 54, LLC; and
8. Braun SR 54, LLC;

We have also enclosed a check in the amount of \$280.00 to cover the fees for changing the registered agent information for these entities.

If you have any questions, please give us a call.

Very truly yours,

STRALEY ROBIN & WILLIAMS


Lynn A. Hoodless, Paralegal

/lah

Enclosures

cc: Mr. Donald A. Buck

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 15, 2005

LYNN HOODLESS
STRALEY ROBIN & WILLIAMS
100 EAST MADISON STREET, SUITE 300
TAMPA, FL 33602

SUBJECT: BUCK FAMILY LIMITED PARTNERSHIP
Ref. Number: A04000000180

We have received your document for BUCK FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 805A0006768

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 DEC 29 PM 2:02

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STRALEY ROBIN & WILLIAMS

Attorneys At Law

December 28, 2005

Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

**Re: Buck Family Limited Partnership
A04000000180**

Dear Sir or Madam:

We are pleased to enclose a copy of your letter dated November 15, 2005, along with our Limited Partnership Statement of Change of Registered Office or Registered Agent, or Both for the above referenced entity. As you will see, you have already received a check in the amount of \$35.00 for the filing fee. Please file this document as soon as possible.

If you have any questions, please feel free to give us a call.

Very truly yours,

STRALEY ROBIN & WILLIAMS


Lynn A. Hoodless, Paralegal

/lah
Enclosures

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TALLAHASSEE, FLORIDA

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**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. BUCK FAMILY LIMITED PARTNERSHIP

Name of the limited partnership

2. 2/03/2004

Date of filing/registration in Florida

3. A04000000180

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:

Mark Straley, Esquire

Name

100 S. Ashley Drive, Suite 1500

Address

Tampa, Florida 33602

City, State and Zip

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

Mark Straley, Esquire

Name

100 E. Madison Street, Suite 300

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

Tampa,

FL 33602

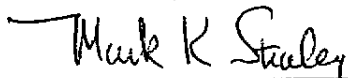
City, State and Zip

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



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. 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.



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**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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