

A04 000000986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

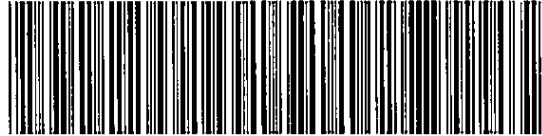
(Business Entity Name)

(Document Number)

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11/7/18 DS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hecht Bird Road Property Ltd
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A04000000986

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:

Laurence A Herrup
Contact Person
Laurence A Herrup CPA PA
Firm/Company
300 71st Street Ste 620
Address
Miami Beach FL 33141
City, State and Zip Code
lherrup@lherrupcpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larurence A Herrup at (305) 866-6611
Name of Contact Person 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

**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. Hecht Bird Road Property Ltd
Name of Limited Partnership or Limited Liability Limited Partnership

2. 06/18/2004
Date of filing/registration in Florida

3. A04000000986
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:

Isabelle H Amdur
Name

3350 SW 27 Ave, Apt 2102
Address

Miami FL 33133
City, State and Zip


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

Laurence A Herrup
Name

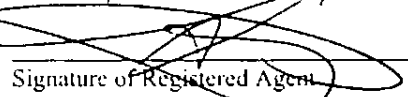
300 71st Street, Ste 620
Florida street address (P.O. Box not acceptable)

Miami Beach FL
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