

A0400000/488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

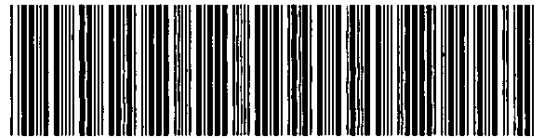
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TALLAHASSEE, FLORIDA

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VASALLO & VASALLO, P.A.

12394 S.W. 82ND AVENUE
PINECREST, FL 33156
TELEPHONE: (305) 233-9066
FAX: (866) 389-2760
andrew@vasallolaw.com
www.vasallolaw.com

Christopher D. Vasallo, Esq.*
Lelenia C. Vasallo, Esq.
Andrew H. Thompson, Esq.**
Erick F. Lora, Esq. *Of Counsel*
*LLM in Taxation
**LLM in Estate Planning

Reply to:
ANDREW H. THOMPSON

August 11, 2008

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: Change of Registered Agent

To Whom It May Concern:

Please find attached hereto a request to change the registered agent for S & S Family Enterprises, LP. Please file same and send a certified copy to the address listed above.

Also, please find enclosed a check in the amount of \$82.50 to file the change.

Should you require any additional information, please do not hesitate to contact me.

Best regards,

Andrew H. Thompson, Esq.

AHT/cs
enclosures: aforementioned.

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: S & S FAMILY ENTERPRISES, LP

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A04000001488

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:

CHRISTOPHER D. VASALLO, ESQ.

(Contact Person)

VASALLO & VASALLO, P.A.

(Firm/Company)

12394 SW 82 AVENUE

(Address)

PINECREST, FL 33156

(City, State and Zip Code)

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For further information concerning this matter, please call:

CHRISTOPHER D. VASALLO at (305) 233-9066

(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

INHS04 (01/06)

**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. S & S FAMILY ENTERPRISES LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 09/17/2004

Date of filing/registration in Florida

3. A04000001488

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:

TRESCOTT, DRUCKER & SCHOEN, PL

Name

2605 PONCE DE LEON BLVD.

Address

CORAL GABLES FL 33134

City, State and Zip

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

VASALLO & VASALLO, PA

Name

12394 SW 82 AVENUE

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

PINECREST FL 33156

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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