

A05000000110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

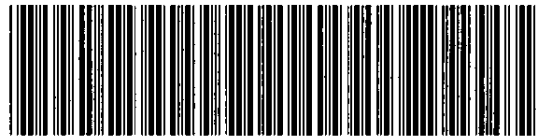
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUL 24 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Mazzolin/Lemar Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A05000000110

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:

Ms. Amy Mazzolin
Contact Person
The Mazzolin/Lemar Limited Partnership
Firm/Company
16842 Rose Apple Drive
Address
Del Ray Beach, FL 33445
City, State and Zip Code
Grandpaslittle1@sbcglobal.net
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Mrs. Deborah Sohr at (630) 536-7441
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

X

**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. The Mazzolin/Lemar Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership
2. 1/5/2005 3. A05000000110
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 St
Address
Tallahassee, FL 32301
City, State and Zip

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

Ms. Amy Mazzolin
Name
16842 Rose Apple Drive
Florida street address (P.O. Box not acceptable)
Del Ray Beach FL 33445
City, State and Zip

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

Amy Mazzolin
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.

Amy Mazzolin
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA