

A05000000347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

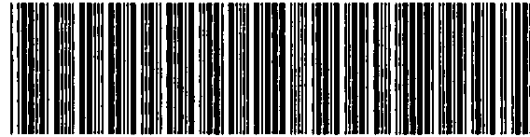
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARK D NADLER FAMILY, LTD
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A05000000347

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:

DANIEL EHMKE

Contact Person

EHMKE & HEAD, CPAS, LLC

Firm/Company

621 S FEDERAL HWY, STE 9

Address

FORT LAUDERDALE, FL 33301

City, State and Zip Code

DANIEL@EHMKECPA.COM

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

For further information concerning this matter, please call:

DANIEL EHMKE

at (954)

493-8900

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

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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. MARK D NADLER FAMILY, LTD
Name of Limited Partnership or Limited Liability Limited Partnership

2. 2/14/2005 3. A05000000347
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:

LARRY LEGEL
Name
1425 NE 57TH PLACE
Address
FORT LAUDERDALE, FL 33334
City, State and Zip

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

DANIEL EHMKE
Name
621 S FEDERAL HWY, STE 9
Florida street address (P.O. Box not acceptable)
FORT LAUDERDALE FL 33301
City, State and Zip

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

[Signature]
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]
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA

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