

A05000000736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

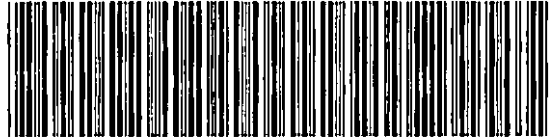
(Business Entity Name)

(Document Number)

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JUN 05 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sarabay Associates, LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A05000000736

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:

Robyn Davis

Contact Person

Sarabay Associates, LLLP

Firm/Company

PO Box 11467

Address

Bradenton, FL 34282-1467

City, State and Zip Code

rdavis@hollandproperties.net

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

For further information concerning this matter, please call:

Robyn Davis

at (

941

) 916-5959

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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. Sarabay Associates, LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 4/13/2005

Date of filing/registration in Florida

3. A05000000736

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:

David Holland Law

Name

3639 Cortez Road West, Suite 111

Address

Bradenton FL 34210

City, State and Zip

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

Registered Agents Inc.

Name

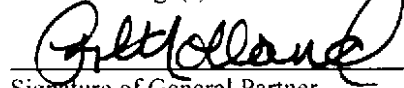
7901 4th St N, Suite 300

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

St. Petersburg FL 33702

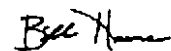
City, State and Zip

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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