

A05 0000001186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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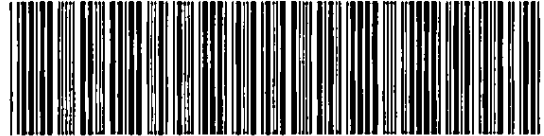
(Business Entity Name)

(Document Number)

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TO: Registration Section  
Division of Corporations

SUBJECT: G + A DINNERSTEIN Family Limited Partnership  
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: AO 5000001186

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:

GAIL B. DINNERSTEIN  
Contact Person

self  
Firm/Company

17317-2 Boca Club Blvd  
Address

Boca Raton FL 33487  
City, State and Zip Code

bathhouse@comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gail B Dinnerstein at (561) 997-6681  
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. B+A Dinnerstein Family Limited Partnership  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 06/14/2005 3. A05000001186  
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:

Lawrence Pucha  
Name  
401 East Las Olas Blvd Suite #2250  
Address  
Ft Lauderdale FL 33301  
City, State and Zip

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

GAIL B. Dinnerstein  
Name  
17317-2 Boca Club Blvd  
Florida street address (P.O. Box not acceptable)  
Boca Raton FL 33487  
City, State and Zip

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6. Such change(s) 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.*

Gail B. Dinnerstein  
Signature of Registered Agent

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