

A0500000/301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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JB

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: TERRA Firma Management, LTD
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A 05000001301

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:

DOMINIC J. TRAHAN
(Contact Person)

(Firm/Company)

1660 MARIA ST.
(Address)

Englewood FL 34223
(City, State and Zip Code)

For further information concerning this matter, please call:

DOMINIC TRAHAN at (941) 286-4267
(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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**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. TERRA FIRMA Management, LTD
Name of Limited Partnership or Limited Liability Limited Partnership
2. 7-5-2005 3. A 05 000001301
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:

TFIM, INC
Name
1460 SOUTH McCALL Rd. Suite 2G
Address
Englewood, FL 34223
City, State and Zip

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

DOMINIC J. TRAHAN
Name
1660 MARIA STREET
Florida street address (P.O. Box not acceptable)
ENGLEWOOD, FL 34223
City, State and Zip

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

[Signature]
Signature of General Partner

President of TFIM, Inc, its 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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