

A060000000026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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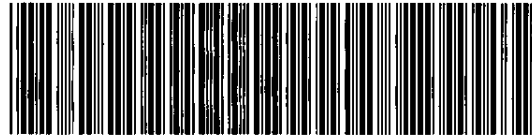
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TALLAHASSEE, FLORIDA



BECKER & LILLY, LLC

Attorneys-At-Law

100 E. Broad Street • Suite 2320 • Columbus, OH 43215
614-469-4778 • Fax: 614-469-4779

BETH E. LEYDA, CLA CERTIFIED LEGAL ASSISTANT bleyda@beckerlilly.com

September 20, 2010

Personal and Confidential

Attn: Buck Kohr
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Gary and Connie Sharpe Family Limited Partnership, Ltd.
Document Number: A06000000026

Dear Buck:

We are enclosing herewith the Registered Agent Update form for filing for. Kindly file-stamp our copy and return it to our office in the envelope provided for your convenience.

Thank you for your assistance and guidance regarding this matter. Please contact me at (614) 469-4778 ext. 208 with any questions.

Very truly yours,

BECKER & LILLY, LLC

Beth E. Leyda, CLA
Certified Legal Assistant

Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gary and Connie Sharpe Family Limited Partnership, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A06000000026

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:

Beth E. Leyda, CLA
Contact Person
Becker & Lilly, LLC
Firm/Company
100 E. Broad Street, Suite 2320
Address
Columbus, Ohio 43215
City, State and Zip Code
bleyda@beckerlilly.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beth Leyda at (614) 469-4778 ext 208
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

**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. Gary and Connie Sharpe Family Limited Partnership, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 12/30/2005 3. A06000000026
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:

Gary L. Sharpe
Name
918 Villa Florenza Drive, Lot 30
Address
Naples, Florida 34119
City, State and Zip

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

Gary L. Sharpe
Name
605 Bougainvillea Road
Florida street address (P.O. Box not acceptable)
Naples FL 34102
City, State and Zip

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

Gary L. Sharpe
Signature of General Partner Gary L. Sharpe

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.

Gary L. Sharpe
Signature of Registered Agent Gary L. Sharpe

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

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TALLAHASSEE, FLORIDA