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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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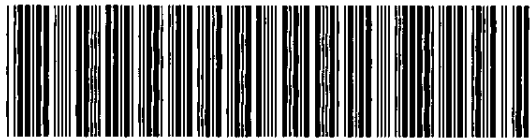
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A06-109
Q 11-29

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT:

Pine Dove Estates, LP

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER:

AD6000000109

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:

Fran Colson

(Contact Person)

Pine Dove Estates, LP

(Firm/Company)

PO Box 15887

(Address)

Tallahassee FL 32317

(City, State and Zip Code)

For further information concerning this matter, please call:

Fran Colson

(Name of Contact Person)

at

(850) 656-5475

(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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. Pine Dove Estates, LP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 1/23/2006 3. A06000000109
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:

James R. Guerino
Name
2858 Remington Green Circle
Address
Tallahassee, FL 32308
City, State and Zip

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

James R. Guerino
Name
6964 Azusa Road
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32317
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.
STATESMEN CONSTRUCTION INC, General Partner

By [Signature]
Signature of General Partner DANNY R. McClellan, President

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.

James R. Guerino
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA