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(Re	equestor's Name)	
(Ac	idress)	
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(Cit	ty/State/Zip/Phon	e #)
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COVER LETTER

TO: Registration Section
Division of Corporations PAUL GAETAND FAMILY LIMITED PARTNERS A.
(Name of Limited Partnership or Limited Liability Limited Partnership)
DOCUMENT NUMBER: A 06 66 0 0 0 0 66 14/
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:
PAUL GAETANO (Contact Person)
(Contact Person)
(Firm/Company)
2000 FAIR MOUNT CT SS SS SS SS
SEBRING, FI 33870 FI 3 City, State and Zip Code)
ORIGINAL TO
For further information concerning this matter, please call:
PAUL GAETANO at (863) 386 (844 (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

INHS04 (01/06)

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. PAUL GAETANO FAMILY LIMITED BATTNETSHIP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 1-27-06 Date of filing/registration in Florida 3. A 06 00 0 00 141 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:
Name 220 PAI HAII BIVO Address LAKE PIACID F 1 33852 City, State and Zip 5. The name and Florida street address of the new registered agent and/or office: GARY H. BASS AHDRUEY
5. The name and Florida street address of the new registered agent and/or office:
GARY H. BASS AHDANEY ST.
Name 1617 HENDRY 57 SUITE 316 Florida street address (P.O. Box not acceptable) First 14 COS PT 33901
FORT MYERS FL 33901 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 an accept the obligations of my position as registered agent.
Signature of Registered Agent
Filing Fee: \$35.00

Certified Copy (optional): \$52.50