Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : AARON A. FARMER, P.L.

Account Number : I2007000090

Phone : (239)262-2040

Fax Number

: (239)262-2180

# REGISTERED AGENT CHANGE

# EDWARD TOPPINO FAMILY VENTURES, LLLP

Certificate of Status	ate of Status 0	
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#### **COVER LETTER**

TO: Registration Section

Division of Corporations
SUBJECT: EDWARD TOPPINO FAMILY VENTURES, LLLP

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A06000000437

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:

Maria C. Ferrao

(Contact Person)

Aaron A. Farmer, P.L.

(Firm/Company)

720 Fifth Avenue South, Suite 211

(Address)

(City, State and Zip Code)

For further information concerning this matter, please call:

Maria C. Ferrao

262-2040

(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.

-	Name of Limited Partnership or Limited	Liability Limited Partnership	
3/27/06		3, A06000000437	
	ing/registration in Florida	Florida document number	
i. The name of the Department of Stat		address as shown on the records of the Florida	
	Fowler White Boggs Ba	anker PA	0
	Name	<b>=</b>	07 JUL 1
	5811 PELICAN BAY BI	LVD., SUITE 600	
	Address	=======================================	7
	Naples, FL 34108	<u></u>	色
	City, State and a	Zip (F	EL OF STATE
The name and P	lorida street address of the new registered	agent and/or office;	E.S.
•	Aaron A. Farmer, P.L.	•	蹈
٠.,	Name		Su
	720 Fifth Avenue South	n. Suite 211	
	Florida street address (P.O. Bo		
	Naples	FL 34102	
	City, State and 2		
Such change(s)	spare effective when filed by the Florida	Denariment of State	
المحمد -			
gnature of General	al <del>Managar</del>		
Brancio di della			
		ee to act in this capacity. I further agree to er and complete performance of my dutles,	
id i am familiar w	rith, edfaccept the obligations of my positi	on as registered agent.	
1/2			
gnature of Regist	and Appent		
_	_	-	
iling Fee:	\$35.00		•
Certified Copy	(optional): \$52.50	•	