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T. HAMPTON

JUN 28 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Orange Grove Project II, LLP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A06 000000640

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:

Linda Williams  
Contact Person

NYFI Commercial Holdings 2, LLC  
Firm/Company

18011 S. Tamiami Tr. Ste 16AMB 153  
Address

Fort Myers, FL 33908  
City, State and Zip Code

venvp@embarqmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Williams at ( 239 ) 690-2826  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 JUN 25 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 15, 2010

LINDA WILLIAMS  
NYFL COMMERCIAL HOLDINGS 2, LLC  
18011 S TAMiami TR - STE 16 - PMB 153  
FT MYERS, FL 33908

SUBJECT: ORANGE GROVE PROJECT II, LLLP  
Ref. Number: A06000000640

We have received your document for ORANGE GROVE PROJECT II, LLLP and check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a LIMITED LIABILITY COMPANY (LLC), but your entity is a LIMITED PARTNERSHIP (LLLP). Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II

Letter Number: 910A00014789

**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. Orange Grove Project II, LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 05/11/2006 3. A06000000640  
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:

Tom C. Venetis  
Name  
10090 Intercom Dr. #B13  
Address  
FORT MYERS, FL 33913  
City, State and Zip

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

TIM WILLIAMS  
Name  
10090 Intercom Dr. #B13  
Florida street address (P.O. Box not acceptable)  
FORT MYERS FL FL 33913  
City, State and Zip

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

[Signature]  
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]  
Signature of Registered Agent

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

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