

AD60000000735

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(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Laredo Flex Park, LP
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A06000000725

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:

Todd Turner
(Contact Person)

C.C. Turner, Inc
(Firm/Company)

12800 University Park Dr. Ste 500
(Address)

Fort Myers, FL 33907
(City, State and Zip Code)

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For further information concerning this matter, please call:

Todd Turner at (239) 432-2860
(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. Laredo Flex Park, LP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 6/5/06 3. AD6000000725
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:

Samir Cabrera
Name
12800 University Park Dr Ste 500
Address
Fort Myers, FL 33907
City, State and Zip

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

Todd Turner
Name
12800 University Park Dr. Ste 500
Florida street address (P.O. Box not acceptable)
Fort Myers FL 33907
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 and 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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