

A0600000078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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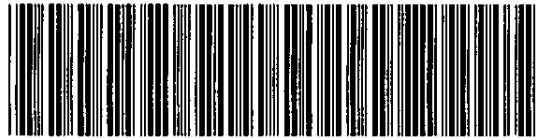
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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S. HAWKES

NOV 10 2008

EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Maspons Coral Plaza, LLLP

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A06000000781

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:

Miguel A. Maspons, Esq.

(Contact Person)

Abadin Cook

(Firm/Company)

9155 South Dadeland Boulevard, Suite 1208

(Address)

Miami, FL 33156

(City, State and Zip Code)

For further information concerning this matter, please call:

Vanessa M. Fortun

(Name of Contact Person)

at (**305**) **670-4777 x2241**

(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. Maspons Coral Plaza, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 6-15-06 3. A06000000781
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:

Atrium Registered Agents, Inc.
Name
1500 San Remo Avenue, Suite 125
Address
Coral Gables, FL 33146
City, State and Zip

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

Miguel A. Maspons, Esq.
Name
Abadin Cook-9155 South Dadeland Boulevard, Suite 1208
Florida street address (P.O. Box not acceptable)
Miami FL 33156
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 and accept the obligations of my position as registered agent.


Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA