A0600000941

(Re	equestor's Name)	
(Ac	ddress)	· · · · · · · · · · · · · · · · · · ·
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
RA Sign	<u> </u>	
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K.SALY EXAMINER FEB - 9



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 22, 2016

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ROSEMARIE DIGIULIO SIROLLI PROPERTIES, LLLP 143 SHILOH AVE. LADY LAKE, FL 32159

SUBJECT: SIROLLI PROPERTIES, LLLP

Ref. Number: A0600000941

We have received your document for SIROLLI PROPERTIES, LLLP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 416A00001502



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Sirolli Properties, LL. Name of Limited Partnership or Limit	LP led Liability Limited Partnership		
DOCUMENT NUMBER: A0600000941			
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 ma	atter to:		
ROSEHAIJE DI GILLIO Contact Person Sirolli Properties, LLLP Firm/Company			
· ·			
143 Shiloh Ave Address			
143 Shiloh Ave Address LAcles LAKE, Florida 321 City, State and Zip Code	<u>13-9</u>		
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, plea			
Name of Contact Person Are	252) 753-2780 ea Code and Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Flo	orida 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		

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT OR BOTH

STATEMENT OF CHANGE OF REGISTERED OFFICE OR DECISTEDED ACENT OF BOTH
REGISTERED AGENT, OR BOTH
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. Sirolli Properties LLLP Name of Limited Partnership or Limited Liability Limited Partnership
2
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Sicolly Carner N Trustee (1) Deceased Name See attacked 143 Shiloh Ave copy need to Address remove
143 Shiloh Ave Coper need to
Address remove
Liter Linke, Florida 32/5-9 City, State and Zip 5. The name and Florida street address of the new registered agent and/or office: Say Rose Marie Say Rose Marie
5. The name and Florida street address of the new registered agent and/or office:
ROSE MARIE DIGIULIO DIGILLIO
9950 SE 122Nd LN Florida street address (P.O. Box not acceptable)
Belleview, Fl. FL34420 City, State and Zip
,6. Such change(s) is/are effective when filed by the Florida Department of State.
Jose Harry Di Llinter
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.
Jane Marie We Dules
Signature of Registered Agent
Ellin - E

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