## Adopposis

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
·						

G. MCLEOD

AUG 1 0 2012

**EXAMINER** 



200238111002

08/06/12--01024--001 \*\*35.00

12 AUG -8 PM 1: 26

## **COVER LETTER**

TO:	Registration Section Division of Corporations							
SUBJ	JECT: Frack Family Limited Partnership							
	Name of Limited Partner	rship or Lim	ited Liabi	lity Limite	ed Partnership			
DOCUMENT NUMBER:		A0600001031						
	enclosed Statement of Change of Repair are submitted for filing.	egistered (	Office ar	nd/or Re	gistered Agent and			
Please	e return all correspondence concern	ning this n	natter to	:				
	William A. Frack, Jr	r		_	·			
	Contact Person							
	Frack Family Limited Part	nership						
	Firm/Company							
	24 Dockside Lane, #	59						
	Address			_				
	Vovi orgo El 2202	7						
	Key Largo, FL 3303 City, State and Zip Code		<del></del>	_				
	City, State and Zip Code	i						
F	E-mail address: (to be used for future annu	ial report no	tification)		_			
	•	•	ŕ					
For fi	urther information concerning this	matter, ple	ease cali	:				
	William A. Frack, Jr.	at (	305	)	367-9024			
	Name of Contact Person			and Dayti:	me Telephone Number			
Enclo	osed is a \$35.00 check made payab	le to the F	lorida D	epartme	nt of State.			
STRI	EET ADDRESS:		MAI	LING A	DDRESS:			
	stration Section		Registration Section					
	ion of Corporations		Division of Corporations					
	on Building		P. O. Box 6327					
	Executive Center Circle		Tallal	nassee, F	FL 32314			
Tallal	hassee FL 32301							

## 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	Frack Family Limited Partnership								
Na	ame of Limited Partnership or l	Limited Liability L	imited Partner	ship					
2.	8/22/2006	3.	A0600	0001031					
Date of filing	g/registration in Florida		Florida docu	ment number					
4. The name of the re Department of State:	egistered agent and the register	red office address a	s shown on the	e records of the Florida					
	Timothy N.	Thomes, P.A.							
	Name								
	99198 Overseas Highway, Suite 8								
	Address								
	Key Larg	o, FL 33037	<b>12</b>						
	City, St	tate and Zip							
5. The name and Flo	rida street address of the new r	registered agent and	Vor office:	AUG -8 LAHASSE					
	William A	A. Frack, Jr.							
	ı	Name		1:26 STATE RIB					
	8 Bayberry Lane								
	Florida street address (P.O. Box not acceptable)								
	Key Largo	FL	33037						
		tate and Zip		-					
6. Such change(s) is/	are effective when filed by the	: Florida Departmer	nt of State.						
Win	~7~1								
Signature of General	Partner /								
comply with the provi	ppointment as registered agent isions of all statutes relative to h an accept the obligations of ed Agent	the proper and cor	mplete perforn						
5	_								
Filing Fee:	\$35.00								
Certified Copy (									