

Ad 000001092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

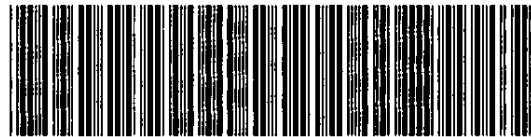
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

101

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MERCURY PAW LTD
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A06000001092

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:

JOHN JENKINS
Contact Person

MERCURY PAW LTD
Firm/Company

P.O. Box 2077
Address

WINDERMERE, FL 34786
City, State and Zip Code

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

For further information concerning this matter, please call:

JOHN JENKINS at (321) 299-2906
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

**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. MERCURY PAW LTD
Name of Limited Partnership or Limited Liability Limited Partnership

2. 9/14/06
Date of filing/registration in Florida

3. AD6000001092
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:

JOHN JENKINS
Name
8737 WHITE IBIS CT
Address

WINDERMERE FL 34786
City, State and Zip

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

JOHN JENKINS
Name
11234 BRIDGE HOUSE RD.
Florida street address (P.O. Box not acceptable)
WINDERMERE FL 34786
City, State and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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