

A06000001106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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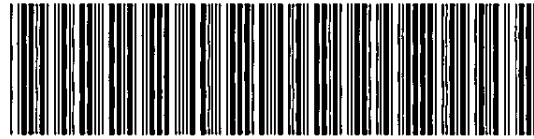
(Business Entity Name)

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B. KOHR

OCT 30 2008

EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: ROMEO INVESTMENTS, LIMITED PARTNERSHIP

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A06000001106

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:

SHERRIE HINES

(Contact Person)

FLORCAL INVESTMENTS, LTD.

(Firm/Company)

1072 PENINSULA DR

(Address)

ORMOND BEACH FL 32174

(City, State and Zip Code)

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For further information concerning this matter, please call:

SHERRIE HINES

(Name of Contact Person)

at (386) 672-7129

(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. **ROMEO INVESTMENTS, LIMITED PARTNERSHIP**

Name of Limited Partnership or Limited Liability Limited Partnership

2. **09/19/06**

Date of filing/registration in Florida

3. **A06000001106**

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:

UCC FILING & SEARCH SERVICES, INC.

Name

1574 VILLAGE SQ BLVD STE 100

Address

TALLAHASSEE FL 32309

City, State and Zip

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

SHERRIE HINES

Name

1072 PENINSULA DR

Florida street address (P.O. Box not acceptable)

ORMOND BEACH FL 32174

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 an 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