

A06 00000 1377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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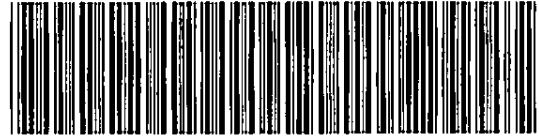
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Change Registered Agent

Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A06000001377

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:

Ava Fomey

Contact Person

Firm/Company

1511 N. West Shore Blvd., Suite 750

Address

Tampa, FL 33607

City, State and Zip Code

afovey@mvpholdings.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ava Fomey

at ( 813 ) 321-7781

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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. Patricia J. Sullivan Family Limited Liability Limited Partnership

Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/21/1995

Date of filing/registration in Florida

3. A06000001377

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:

Providence Family Offices, LLC

Name

10801 Starkey Road, Suite 104-108

Address

Seminole, FL 33777

City, State and Zip

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

Ava Forney

Name

1511 N. West Shore Blvd. Suite 750

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

Tampa FL 33607

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Patricia Sullivan

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]

Signature of Registered Agent

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

FILED  
DEC 21 3 25 PM '95  
TAMPA, FL