

A06000001409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

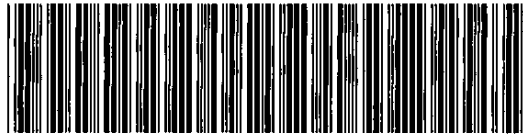
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700113201357

12/20/07--01026--009 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 DEC 20 AM 11:22

T. Hampton DEC 21 2007

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: FMS Realty Holdings, L.L.L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A06000001409

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:

Aaron J. Gold, Esquire

(Contact Person)

Allen Dell, P.A.

(Firm/Company)

202 S. Rome Avenue, Suite 100

(Address)

Tampa, FL 33606

(City, State and Zip Code)

For further information concerning this matter, please call:

Aaron J. Gold, Esquire

(Name of Contact Person)

at (813) 223-5351

(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. FMS Realty Holdings, L.L.L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/05/2006

Date of filing/registration in Florida

3. A06000001409

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:

Aaron J. Gold, Esquire

Name

704 West Bay Street

Address

Tampa, FL 33606-2706

City, State and Zip

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

Aaron J. Gold, Esquire

Name

202 S. Rome Avenue, Suite 100

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

Tampa, FL 33606

FL

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 and accept the obligations of my position as registered agent.



Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 DEC 20 AM 11:22