

AD60000001530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

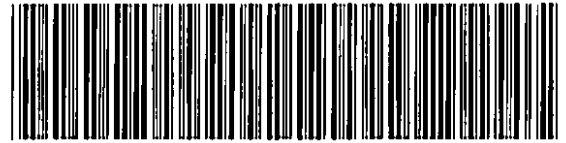
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000317204510

08/16/18--01002--015 *\$87.50

RECEIVED
DIVISION OF REGISTRATION
TALLAHASSEE, FLORIDA

18 AUG 15 PM 5:00

SECRET

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 AUG 15 AM 8:16

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chiles Family Partnership, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A06000001530

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:

Daniel W. Hartman
Contact Person
Hartman Law Firm, P.A.
Firm/Company
207 W. Park Ave., Suite A
Address
Tallahassee, FL 32301
City, State and Zip Code
dan@FLLegalteam.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel W. Hartman at (850) 443-1754
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