

A07000000304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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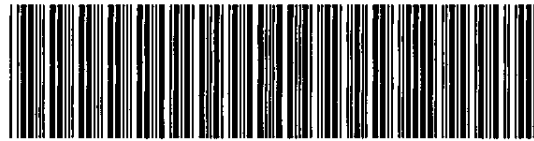
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Theodore Family L.L.L.P.
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A07000000304

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:

Blaine H. Hibberd, Esq.

(Contact Person)

Blaine H. Hibberd, P.A.

(Firm/Company)

633 SE 3rd Avenue, Suite 301

(Address)

Fort Lauderdale, FL 33301

(City, State and Zip Code)

For further information concerning this matter, please call:

Blaine H. Hibberd, Esq.

(Name of Contact Person)

at (

954

)

768-0070

(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. **The Theodore Family L.L.L.P.**
Name of Limited Partnership or Limited Liability Limited Partnership
2. **February 9, 2007** 3. **A07000000304**
Date of filing/registration in Florida 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:

Kenneth J. Dunn
Name

18780 Cape Sable Drive
Address

Boca Raton, Florida 33498
City, State and Zip

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

Blaine H. Hibberd, P.A.
Name

633 SE 3rd Avenue, Suite 301
Florida street address (P.O. Box not acceptable)

Fort Lauderdale FL 33301
City, State and Zip

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

By: **Tris Management Services, Inc.**
Signature of General Partner **Res.**

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

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