

A07000000530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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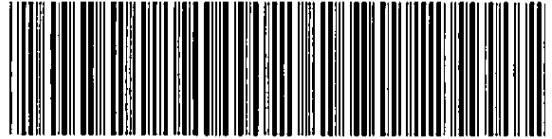
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2024 MAY 29 AM 10:38  
SECRETARY OF STATE  
JUN 11 2024

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RASGAS FAMILY LP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A07000000530

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:

STEVEN  
WALKER  
Contact Person

RASGAS FAMILY LP  
Firm/Company

9073 SHADOW GLEN WAY  
Address

FORT MYERS, FL, 33913  
City, State and Zip Code

SRWALKER@MOGAS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN  
WALKER at (414) 687 6408  
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. RASGAS FAMILY LP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 3/30/2007  
Date of filing/registration in Florida

3. A07000000530  
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:

CT CORPORATION SYSTEM  
Name  
1200 SOUTH PINE ISLAND ROAD  
Address  
PLANTATION, FL, 33324  
City, State and Zip

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

STEVEN ~~SABATHEN~~ WALKER  
Name  
9073 SHADOW GLEN WAY  
Florida street address (P.O. Box not acceptable)  
FORT MYERS FL 33913  
City, State and Zip

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

[Signature]  
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

FILED  
2024 MAY 29 AM 10:38  
FORT MYERS, FL  
CLERK OF THE COURT