

A07000000/027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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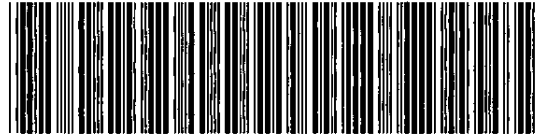
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
08 OCT 22 PM 1:57

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J. BRYAN

OCT 23 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2008

MICHAEL SHOOK
M & N SHOOK FAMILY LIMITED PRACTICE
20120 N. KEY DRIVE
BOCA RATON, FL 33498

SUBJECT: M & N SHOOK FAMILY LIMITED PARTNERSHIP
Ref. Number: A07000001027

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We have received your document for M & N SHOOK FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$10.00.

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 008A00051882

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MTN SHOOK FAMILY LIMITED PARTNERSHIP
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A0700 0001027

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:

MICHAEL SHOOK, MD
(Contact Person)

MTN SHOOK FAMILY LIMITED PARTNERSHIP
(Firm/Company)

20120 NW KEY DRIVE
(Address)

BOCA RATON, FL 33498
(City, State and Zip Code)

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DIVISION OF CORPORATIONS
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For further information concerning this matter, please call:

MICHAEL SHOOK at (561) 329-0083
(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

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. M + N SHOOK FAMILY LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 8/30/2007 3. A07000001027
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:

MICHAEL SHOOK MD
Name
2016 MIZNER LN
Address
BOCA RATON FL 33482
City, State and Zip

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

MICHAEL SHOOK MD
Name
20120 N. KEY DRIVE
Florida street address (P.O. Box not acceptable)
BOCA RATON FL 33498
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

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

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