

A07000001096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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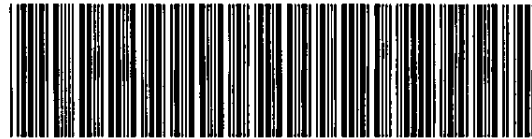
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LERIVAP II LIMITED PARTNERSHIP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A07000001096

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:

Peter Betz

Contact Person

Monterey Management Consulting

Firm/Company

1415 Panther Lane Ste 354

Address

Naples, FL 34109

City, State and Zip Code

pbetz7686@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Betz

Name of Contact Person

at ( 239 )

593-6137

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

**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. LERIVAP II LIMITED PARTNERSHIP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 5/23/2016  
Date of filing/registration in Florida

3. A07000001096  
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:

Linda Levin  
Name  
501 Goodlette Road N, D-100  
Address  
Naples, FL 34102  
City, State and Zip

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

Linda Levin  
Name  
1415 Panther Lane Ste 354  
Florida street address (P.O. Box not acceptable)  
Naples FL 34109  
City, State and Zip

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

By: Lerivap II, LLC, Gen Partner; By: Linda Levin Manager  
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.*

Linda Levin  
Signature of Registered Agent

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

RECEIVED  
16 MAY 31 AM 7:32  
FALL AHEAD  
FLORIDA