

Office Use Only



700235453987

07/05/12--01008--006 **10.00

05/29/12--01027--006 **25.00



D. BRUCE

JUL 0 5 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 30, 2012

MILTON LAVERNIA 1401 SW 8 STREET BOCA RATON, FL 33486

SUBJECT: MILNE, LLLP Ref. Number: A07655

We have received your document for MILNE, LLLP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

There is a balance due of \$10.00.

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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 212A00015553

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MILNE LLLP Name of Limited Partnership or Limited Liability Limited Partnership		
DOCUMENT NUMBER: A D7655	-	
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:		
MILTON LAVERNIA		
MILNE LLLP		
1401 SW 85	12 JU	_ = = 43 (S 1 Pr = 2 r r
BOCA RATON B 33486	-3 -2	
City, State and Zip Code MILTON 1500 @ Coon E-mail address: (to be used for future annual report notification)	15.24	
For further information concerning this matter, please call:		
M_L at (56/) 392 4763 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: MAILING ADDRESS:		

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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. MILA	E LLLP		
Nai	me of Limited Partnership or Lin	nited Liability Limited Partnership	
	// - ZOOR //registration in Florida	3. A D 7 63 Florida document	55 number
	gistered agent and the registered MILTON L Nar 514 ENF	office address as shown on the reco	ords of the Florida
5. The name and Flor	Florida street address (P BOCH RAD City, State	ALEROIA me S. S. S. O. Box not acceptable) FL 33486	12 JUL -3 MI ID 21 SEANETARY OF STATE LALLAHASSEE, FLORE
Signature of General I hereby accept the appropriate the proving	opointment as registered agent and isions of all matures relative to the han accept the obligations of my	nd agree to act in this capacity. I fi se proper and complete performance	urther agree to
 Filing Fee:	\$35.00		

Certified Copy (optional): \$52.50