

AG8000000006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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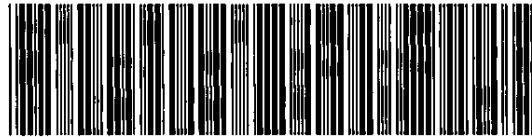
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

JUN 22 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coast 2 Coast Management Partners I. LP.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: _____

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:

Sofi Moncayo
Contact Person
Coast 2 Coast Management
Firm/Company
207 Fifth Avenue, 16th Floor
Address
New York, NY 10016
City, State and Zip Code
sofi@nreg.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sofi Moncayo at (646) 300-7978
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

**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. Coast 2 Coast Management Partners, I. LP.
Name of Limited Partnership or Limited Liability Limited Partnership
2. May 19th, 2009 3. A08-6
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:

William Cannon, Jr.
Name
2379 Old Winter Garden Road
Address
Ocoee, Florida 34761
City, State and Zip

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

Jance Cohen
Name
1723 Blanding Blvd, Suite 102
Florida street address (P.O. Box not acceptable)
Jacksonville FL 32210
City, State and Zip

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

Mark A. Gonsalves
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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