

A080000000423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

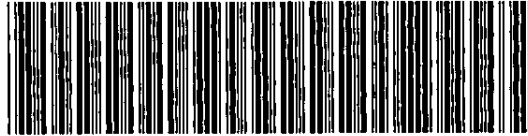
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AJEET , LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A08000000423

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:

Seema Dass

Contact Person

Firm/Company

102 Quayside Dr

Address

Jupiter, FL 33477

City, State and Zip Code

seemad8@yahoo.com

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

For further information concerning this matter, please call:

Seema Dass

at (**561**) **747-8525**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2015

SEEMA DASS
102 QUAYSIDE DR
JUPITER, FL 33477

SUBJECT: AJEET, LLLP
Ref. Number: A08000000423

We have received your document for AJEET, LLLP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A general partner must sign the document.

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 515A00001533

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15 FEB 13 AM 11:54
DIVISION OF CORPORATIONS

**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. AJEET, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 04/04/2008 3. A08000000423
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:

Braden, Lisa
Name
4623 Forest Hill Blvd, Ste 111
Address
West Palm Beach, FL 33415
City, State and Zip

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

Seema Dass
Name
102 Quayside Dr
Florida street address (P.O. Box not acceptable)
Jupiter FL 33477
City, State and Zip

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


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 of Registered Agent

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

FILED
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TALLAHASSEE, FL
SECRETARY OF STATE