

A08 0000000749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

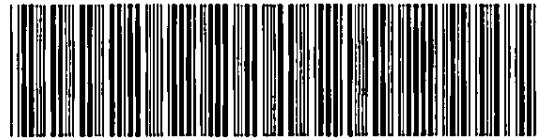
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gerber Family, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A08000000749

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:

Marlies Gerber

Contact Person

Gerber Family, LLLP

Firm/Company

700 S. Highland Ave.

Address

Bloomington, IN 47401-5034

City, State and Zip Code

gerberma@gmail.com

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

For further information concerning this matter, please call:

Marlies Gerber

Name of Contact Person

at (812) 325 1131

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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. Gerber Family, LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/15/2008

Date of filing/registration in Florida

3. A08000000749

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:

Amelia M. Campbell

Name

101 East Kennedy Blvd., Suite 3700

Address

Tampa, FL 33602

City, State and Zip

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

Gregg Lynch

Name

14144 Sixth Street

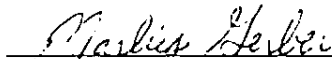
Florida street address (P.O. Box not acceptable)

Dade City

FL 33525

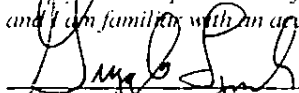
City, State and Zip

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

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STATE
TALLAHASSEE, FL

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