

A08000000788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500212575505

10/05/11--01011--011 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 NOV -2 AM 9:01

FILED

N. Culligan

NOV 2 - 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JACIK FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A08000000788

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:

PIER A GASMENA

Contact Person

JACIK FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

Firm/Company

5901 DUNDEE RD

Address

WINTER HAVEN , FL 33884

City, State and Zip Code

piergasmena@yahoo.com

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

For further information concerning this matter, please call:

PIER A GASMENA

Name of Contact Person

at (863) 595-7353

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

October 7, 2011

PIER A. GASMENA
5901 DUNDEE ROAD
WINTER HAVEN, FL 33884

SUBJECT: JACIK FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP
Ref. Number: A08000000788

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

The Registered Agent is not active.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 311A00023099

**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. JACIK FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

2. September 03, 2008

Date of filing/registration in Florida

3. A08000000788

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:

JUN REMO CFO INC.

Name

8706 MAPLE LAKE PL

Address

TAMPA, FL 33635

City, State and Zip

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

SWEAT & OLSON, P.A.

Name

2018 S FLORIDA AVE

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

LAKELAND FL 33803

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
11 NOV -2 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA