## A0800000945

(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:							

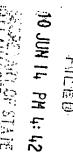
Office Use Only



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S. HAWKES
JUN 1.6 2010
SAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporation							
	Panther Mitiga						
Name o	f Limited Partnership of	or Limited Liab	oility Lim	ited Partners	hip		
DOCUMENT NUMBER	<b>.:</b>	A0800000945					
The enclosed Statement of fee(s) are submitted for file.		ered Office a	ınd/or R	egistered A	Agent and		
Please return all correspor	dence concerning	this matter to	<b>)</b> :	٠		-7 *	
	ley Brunet		_				
	ntact Person						
	n Companies		_				
Firm	n/Company						
21 East Long I	₋ake Road, Suite	100					
	Address				•		
Bloomfield Hills	MI	48304			•		
	te and Zip Code				•		
sibrunet@	landoncompanie	s.com					
E-mail address: (to be use			)	<del>_</del>			
For further information co	ncerning this matte	er, please cal	1:				
Shirley Bru	inet	at (248	) (	642-0190	EXT 132		
Name of Contact Pers		Area Code	and Day	time Telepho	ne Number		
Enclosed is a \$35.00 check	made payable to	the Florida D	Departm	ent of State	2.		
STREET ADDRESS:		MAI	LING A	ADDRESS	S:		
Registration Section				Section			
Division of Corporations				Corporation	าร		
Clifton Building			Box 63				
2661 Executive Center Cir	cle	Talla	hassee,	FL 32314			
Tallahassee, FL 32301							

## 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.	Panther Mitigation	Panther Mitigation Limited Partnership								
	Name of Limited Partnership or L	imited Liability	/ Lin	nited Partnership						
2.	November 6, 2008	3.		A080000009	945					
	Date of filing/registration in Florida		F	AUBUUUUUS Ilorida document nu	ımber 🖟 🗸					
	he name of the registered agent and the registere artment of State:	ed office addres	s as s	shown on the record	s of the Floriday F					
	Tom	n High								
		ame								
	800 Seagate I	Drive, Suite	302	2	PH 4: 42					
	Ad	dress			<b>電</b> 2					
	Naples,	FL 34103			<del>5</del> #					
	City, Sta	nte and Zip								
5. TI	he name and Florida street address of the new re	egistered agent a	and/o	r office:						
	Janet	Aronoff								
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ame								
	626 Gulf Si	hore Blvd. S	<b>`</b>							
Florida street address (P.O. Box not acceptable)										
	Napies	I	FL .	34102						
	City, Sta	nte and Zip								
6. Sı	ich change(s) is/arc effective when filed by the l	Florida Departn	nent (	of State.						
	Presi	extent o	1.	Sherrod	ry Inc. Partner					
Signa	ature of General Partner		U	it I	eneral account					
I here	eby accept/the appointment as registered agent of	and agree to ac	t in ti	his capacity. I furth	er agree to					
	ly with the provisions of all statutes relative to t am familiar with an accept the obligations of m				my duties,					
	LT D	<i>y                                    </i>	S	,g						
Signa	ature of Registered Agent	_								

Filing Fee:

Certified Copy (optional): \$52.50

\$35.00