

✓
A0900000000105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

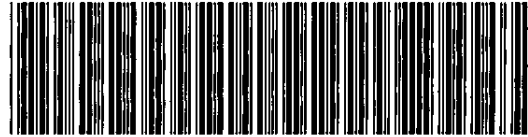
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800217657088

01/20/12--01056--003 **35.00

FILED
12 JAN 20 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JAN 23 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HABITAT MITIGATION MANAGEMENT LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A09000000105

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:

John Parrish, Esq.

Contact Person

Parrish White & Lawhon, PA

Firm/Company

3431 Pine Ridge Road, Suite 101

Address

Naples, FL 34109

City, State and Zip Code

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

For further information concerning this matter, please call:

John Parrish

Name of Contact Person

at (239)

566-2013

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

FILED
12 JAN 20 PM 12:28
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**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. HABITAT MITIGATION MANAGEMENT LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 02/12/2009
Date of filing/registration in Florida

3. A09000000105
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:

Janet Aronoff
Name
3431 Pine Ridge Road, Suite 101
Address
Naples, FL 34103
City, State and Zip

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

John Parrish, Esq.
Name
3431 Pine Ridge Road, Suite 101
Florida street address (P.O. Box not acceptable)
Naples FL 34109
City, State and Zip

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

[Signature]
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

12 JAN 20 PM 12:28
STATE
TALLAHASSEE, FLORIDA