

**A09000000319**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

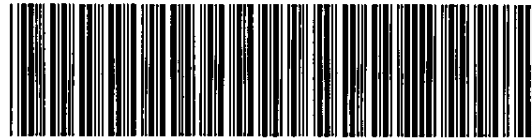
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**400261298704**

06/24/14--01009--006 \*\*110.00

**FILED**  
2014 JUN 23 PM 12:38  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**JUN 25 2014**

**D. BRUCE**

# ENGLANDER FISCHER

ATTORNEYS

Big Firm Expertise • Boutique Service

P 727-898-7210 | F 727-898-7218 | [eflegal.com](http://eflegal.com)

721 First Avenue North St. Petersburg, Florida

33701

**Via USP Overnight Delivery**

June 17, 2014

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Statement of Change of Registered Agent

Dear Division of Corporations:

Enclosed for filing is a Statement of Change of Registered Agent for each of the following entities:

Stross Family Investment Partnership, Ltd.  
Stross Management, LLC  
SFIP Snell, LLC  
SFIP 4424, LLC

along with a check in the amount of \$110.00 for the filing fees.

Should you have any questions, please do not hesitate to contact me:  
[chanley@eflegal.com](mailto:chanley@eflegal.com)

Sincerely,



Cherie A. Hanley  
Paralegal

Enclosures

cc: Sid Werner, Esq.

FILED  
2014 JUN 23 PM 12:38  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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. STROSS FAMILY INVESTMENT PARTNERSHIP, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 05/12/2009  
Date of filing/registration in Florida

3. A09000000319  
Florida document number

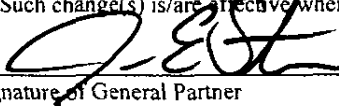
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

JOHN E. STROSS  
Name  
421 SNELL ISLE BLVD NE  
Address  
ST PETERSBURG, FL 33704  
City, State and Zip

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

LEONARD S. ENGLANDER  
Name  
721 FIRST AVENUE NORTH  
Florida street address (P.O. Box not acceptable)  
ST PETERSBURG FL 33701  
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**  
2014 JUN 23 PM 12:38  
CLERK OF STATE  
TALLAHASSEE FLORIDA