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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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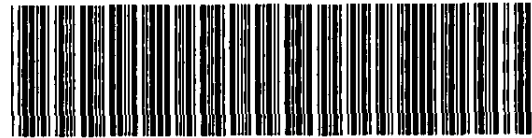
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

MAY 31 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GORG MANAGEMENT I LLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: HO9000000

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:

DR. CRAIG WAGENER
Contact Person
GORG I MANAGEMENT I LLP
Firm/Company
3726 CREEK HOLLOW LN
Address
MIDDLEBURG FL 32068
City, State and Zip Code
drwagener@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Craig Wagener at (305) 395-0791
Name of Contact Person 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

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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. GRIG MANAGEMENT I LLP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 7/28/2009
Date of filing/registration in Florida
3. A0900000536
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:

WAGENER, CRAIG DR
Name

3726 CREEK HOLLOW LN
Address

MIDDLEBURG FL 32068
City, State and Zip

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

3726 CREEK HOLLOW LN
Name

3726 CREEK HOLLOW LN
Florida street address (P.O. Box not acceptable)

MIDDLEBURG FL 32068
City, State and Zip

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TALLAHASSEE, FLORIDA

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