## A09000000154

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
JUL 10 2024	





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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: SAR Properties Granden Name of Limited Partnership or Limited	oup LLLP	
Name of Limited Partnership or Limited	Liability Limited Partnership	
DOCUMENT NUMBER: A 09000	00754	
The enclosed Statement of Change of Registered Off fee(s) are submitted for filing.	ice and/or Registered Agent and	
Please return all correspondence concerning this matt	ter to:	
Sidney Randel Contact Person		
Contact Person		
Firm/Company		
6275 NW 96 Ter Address	race	
Parkland FL 3307 City. State and Zip Code	6	
E-mail address: (to be used for future annual report notific	ation)	
For further information concerning this matter, please	e call:	
Sidney Randel at (9) Name of Contact Person Area	54) 8214447	
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	
vision of Corporations Division of Corporations		
Box 6327 The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## 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. SAR Properties Group LLCP  Name of Limited Partnership or Limited Liability Limited Partnership
Types
2. 10/26/2009 3. A 0 9 0 0 0 0 0 7 5 4  Date of filing/registration in Florida 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:
Diamond Barry
SS41 N. University Drive # 103 Address
Co-al Spring, FL 33067 City. State and Zip
5. The name and Florida street address of the new registered agent and/or office:
Sidney Randel Name
Florida street address (P.O. Box not acceptable)
Parkland FL FL 33076  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 an accept the obligations of my position as registered agent.  Signature of Registered Agent
Signature of Registered Agent
Filing Fee: \$35.00

Certified Copy (optional): \$52.50