

A09 000 C00S21

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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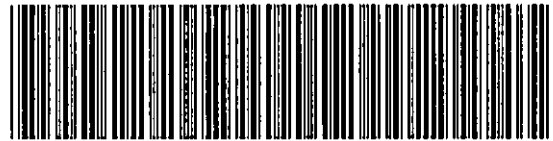
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sweetwater Family Limited Liability Partnership

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A09000000821

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:

Natalie Gomez

Contact Person

Sweetwater Family Limited Liability Partnership

Firm/Company

460 3rd Street North, Suite A

Address

St. Petersburg, FL 33701

City, State and Zip Code

natalie@njrdevelopment.com

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

For further information concerning this matter, please call:

Natalie Gomez at (727) 310-0834 ext. 102

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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. SWEETWATER FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 11/24/2209

Date of filing/registration in Florida

3. A09000000821

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:

Natalie Gomez

Name

101 E. Kennedy Blvd, Suite 2110

Address

Tampa, FL 33602

City, State and Zip

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

Natalie Gomez

Name

460 3rd Street North, Suite A

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.

Natalie Gomez
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.

Natalie Gomez
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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