

A10000000039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

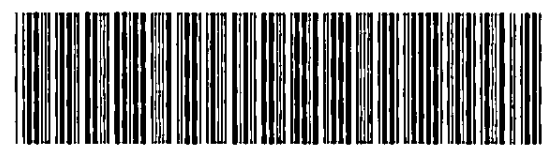
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700328407237

05/03/19--01039 -020 \* 35.00

2019 MAY -3 A 5:25

FILED

D SCOTT

MAY 16 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Change in Title for Marcia Davis on Annual Report  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A10000000039

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:

Marcia Davis  
Contact Person

Renaissance Preserve IV, LLLP  
Firm/Company

4224 Renaissance Preserve Way  
Address

Fort Myers, Florida 33916  
City, State and Zip Code

Marcia@hacfm.org  
E-mail address: (to be used for future annual report notification)

239 MAY -3 A 6:25  
 FILED  
 REGISTRATION SECTION

For further information concerning this matter, please call:

Marcia at ( 239 ) 344-3221  
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

