

A11000000024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 25 2015

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HFLP, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A11000000024

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:

Daniel J. Honc, General Partner
Contact Person

HFLP, LLLP
Firm/Company

10101 Mallory Parkway E.
Address

St. James City, FL 33956
City, State and Zip Code

dhonc@honc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey S. Schorle at (239) 283-5454
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2015

DANIEL J HONG
10101 MALLORY PKWY E
ST JAMES CITY, FL 33956

SUBJECT: HFLP, LLLP
Ref. Number: A11000000024

RECEIVED
15 MAR 24 AM 10:00
SUNBIZ
INFORMATION SERVICES

We have received your document for HFLP, LLLP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED PARTNERSHIP (LLLP). Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 715A00004650

**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. HFLP, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 1/5/2011 3. A11000000024
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:

David A. Holmes
Name
99 Nesbit Street
Address
Punta Gorda, FL 33950
City, State and Zip

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

Daniel J. Honc
Name
10101 Mallory Parkway E.
Florida street address (P.O. Box not acceptable)
St. James City, FL 33956
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
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA