

A11391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/02/16--01012--025 **210.00

FILED
16 APR 25 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 27 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Harbor Bridge 17, Limited Partnership
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Catherine Sanders

Contact Person

Firm/Company

1203 W Marion Ave

Address

Punta Gorda FL 33950

City, State and Zip Code

cathy@fivestarrealty.com

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

For further information concerning this matter, please call:

Catherine Sanders at (941) 637-6116

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee ☐ \$61.25 Filing Fee and Certificate of Status ☐ \$105.00 Filing Fee and Certified Copy ☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status

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

I've enclosed 4 amendments
paying with one check in amt
\$210.00 (52.50 x 4)

Harbor Bridge 17, Harbor Bldg 17 11
Harbor Bldg Industrial Park, Harbor Bridge
Industrial Park



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2016 APR 25 PM 3:42

TALLAHASSEE, FLORIDA

March 7, 2016

CATHERINE SANDERS
1203 W MARION AVE
PUNTA GORDA, FL 33950

SUBJECT: HARBOR BRIDGE 17, A LIMITED PARTNERSHIP
Ref. Number: A11391

We have received your document for HARBOR BRIDGE 17, A LIMITED PARTNERSHIP and your check(s) totaling \$210.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 516A00004635

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16 APR 25 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

Harbor Bridge 17

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 10-26-81, assigned Florida document number A 11391, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:

(Must be STREET address)

New Mailing Address:

(May be post office box)

C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida

City

Zip Code

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 APR 25 PM 4:18

FILED

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.

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

[illegible]

☐ This Limited Partnership hereby elects to be a “Limited Liability Limited Partnership.”

☐ This Limited Partnership hereby removes its “Limited Liability Limited Partnership” status.

Page 2 of 3

F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Effective date, if other than the date of filing: _____

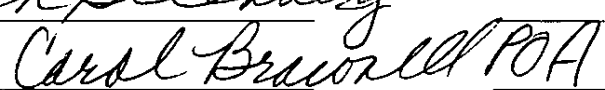
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

 _____

Signature(s) of all new or dissociating general partner(s), if any:

 _____
 _____

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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TALLAHASSEE, FLORIDA