

A13 000000 134



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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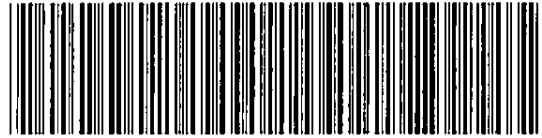
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPINNAKER COVE ASSOCIATES, LTD
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A13000000134

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:

Tyrell Francis

Contact Person

Meyers Group

Firm/Company

2999 NE 191st Street, Suite 510

Address

Aventura, FL 33180

City, State and Zip Code

tyrell.francis@meyersgroup.net

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

For further information concerning this matter, please call:

Tyrell Francis

at (786) 493-5017

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. SPINNAKER COVE ASSOCIATES, LTD
Name of Limited Partnership or Limited Liability Limited Partnership

2. 03/13/2013 3. A13000000134
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:

Ezra Rubin
Name

2999 NE 191st Street, Suite 510
Address

Aventura, FL 33180
City, State and Zip

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

Astolfo Losada
Name

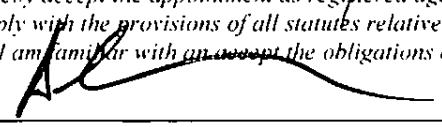
2999 NE 191st Street, Suite 510
Florida street address (P.O. Box not acceptable)

Aventura FL 33180
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

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