

A 13761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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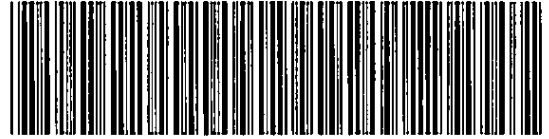
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRI-CITY, LTD  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A13761

The enclosed Statement of Change of Registered Office and/or Registered Agent and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Carmel A. Ceraolo, General Partner

Contact Person

TRI-CITY, LTD

Firm/Company

2764 Sunset Point Road, Suite 100

Address

Clearwater, FL 33759

City, State and Zip Code

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

For further information concerning this matter, please call:

Cynthia Ceraolo Harris at ( 727 ) 644-8400  
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. TRI-CITY, LTD

Name of Limited Partnership or Limited Liability Limited Partnership

2. 01/04/1983

Date of filing/registration in Florida

3. A13761

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:

Carmel A. Ceraolo

Name

101 Main Street, Apt 214

Address

Safety Harbor, FL 34695

City, State and Zip

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

Carmel A. Ceraolo

Name

2764 Sunset Point Road, Suite 100

Florida street address (P.O. Box not acceptable)

Clearwater FL 34695

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Carmel A. Ceraolo  
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.*

Carmel A. Ceraolo  
Signature of Registered Agent

**Filing Fee: \$35.00**

**Certified Copy (optional): \$52.50**

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