

A 13936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

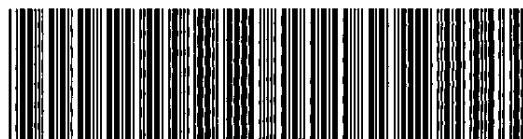
(Document Number)

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NOV 29 2010

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

24 NOV 24 AM 11:18

FILED



**NRAI
CORPORATE
SERVICES**
An NRAI Solutions Company

Division of Corporations
Florida Department of State
P. O. Box 6327
Tallahassee, FL 32314

RE: CHANGE OF AGENT FOR THE FOLLOWING ENTITIES:

ABBEY LANE ASSOCIATES, LTD
BELMONT HEIGHTS ASSOCIATES LTD
BELMONT HEIGHTS ASSOCIATES PHASE II LTD
BELMONT HEIGHTS ASSOCIATES PHASE III, LTD.
BETHANY COURT-PIERCE ASSOCIATES, LTD.
DRIFTWOOD PRESERVATION LTD.
ROOSEVELT ASSOCIATES, LTD.
SENIOR CITIZEN VILLAGE ASSOCIATES, LTD.

Dear Sir/Madam:

I now enclose the required form to change the agent on behalf of the above named companies in your state.

I also enclose our check in the amount of \$280.00 in payment of your fees (\$35 x 8 entities)

Please file the enclosed as soon as possible, returning evidence to the undersigned, for which I now enclose a self-addressed stamped envelope.

If for any reason filing(s) cannot be completed, please let me know by calling our toll free number 877-261-6823 x 1759.

Best regards,

Peter F. Souza
Vice President/Senior Corporate Specialist

2016 NOV 24 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FL 32314

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABBEY LANE ASSOCIATES, LTD
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A13936

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:

Peter F. Souza

Contact Person

NRAI Corporate Services, LLC

Firm/Company

2731 Executive Park Drive, Suite 4

Address

Weston, FL 33331

City, State and Zip Code

psouza@nrai.com

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

For further information concerning this matter, please call:

Peter F. Souza

Name of Contact Person

at (877) 261-6823 x 1759

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

2006 NOV 24 AM 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

**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. ABBEY LANE ASSOCIATES, LTD
Name of Limited Partnership or Limited Liability Limited Partnership

2. 1/28/1983
Date of filing/registration in Florida

3. A13936
Florida document number

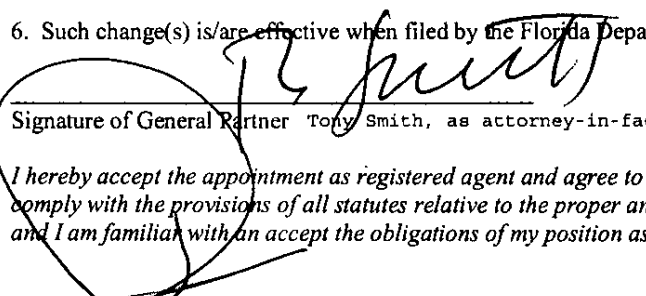
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

GUY BOND
Name
1800 FL NAT'L TOWER, 225 WATER ST.
Address
JACKSONVILLE FL 32202
City, State and Zip

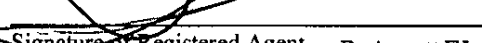
5. The name and Florida street address of the new registered agent and/or office:

NRAI Services, Inc.
Name
2731 Executive Park Drive, Suite 4
Florida street address (P.O. Box not acceptable)
Weston FL 33331
City, State and Zip

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


Signature of General Partner Tony Smith, as attorney-in-fact for MICHAEL J LEVITT, 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 Peter F. Souza, Assistant Secretary

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

2816 NOV 24 AM 10 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA