

A 14898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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T. CLINE

JUN 18 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2010

JOHN SCHMITT
7670 S. TROPICAL TR.
MERRITT ISLAND, FL 32952

SUBJECT: MOULTRIE APARTMENTS, LTD.
Ref. Number: A14898

We have received your document for MOULTRIE APARTMENTS, LTD. and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 710A00014022

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Moultrie Apartments, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: 414898

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:

John Schmitt
Contact Person

Moultrie Management, LLC
Firm/Company

7670 S. Tropical Trail
Address

Merritt Island, FL 32952
City, State and Zip Code

jschmitt@cfl.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Schmitt at (321) 452-9390
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

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TALLAHASSEE, FLORIDA

**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. Moultrie Apartments, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 7/18/1983 3. A14898
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:

Benjamin Saxon
Name
111 S. Scott St.
Address
Melbourne, FL 32901
City, State and Zip

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

Joseph Colombo
Name
2351 W. Eau Gallie Blvd, Suite 8
Florida street address (P.O. Box not acceptable)
Melbourne FL 32935
City, State and Zip

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

[Signature]
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]
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA