

A15582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

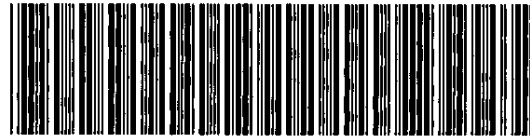
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 NOV -4 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FL 32307

NOV -5 2014

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 17, 2014

CHRISTOPHER GARRIS  
850 SW MARTIN DOWNS BLVD.  
PALM CITY, FL 34990

SUBJECT: LAKEWORTH MHP, LTD.  
Ref. Number: A15582

We have received your document for LAKEWORTH MHP, LTD. and check(s) totaling \$30.00 of which \$ has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$22.50 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

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) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 914A00022285

SECRETARY OF STATE  
TALLAHASSEE, FL 32302

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LAKEWORTH MHP, LTD.  
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Christopher Garris  
Contact Person

LAKEWORTH MHP, LTD.  
Firm/Company

850 SW MARTIN DOWNS BLVD.  
Address

PALE CITY, FL 34950  
City, State and Zip Code

CGARRIS@CGINVESTMENT.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRIS GARRIS at (772) 282-1844  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$52.50 Filing Fee  
22.50 owe
- ☐ \$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

2014 NOV -1, PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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**AMENDMENT TO CERTIFICATE OF AUTHORITY  
FOR  
FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

LAKEWORTH MHP, LTD.

2. The jurisdiction of its formation is: CALIFORNIA

3. The date the entity was authorized to transact business in Florida is: 10/26/1983

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

\_\_\_\_\_

*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.*

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

(Add) Christopher GARRIS  
(Remove) Stanley R. GARRIS

850 SW MARTIN DUNNS BLVD  
PALEMBURY, FL 34990  
850 SW MARTIN DUNNS BLVD  
PALEMBURY, FL 34990

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: \_\_\_\_\_

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

- ☐ The entity elects to be a limited liability limited partnership.  
☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. 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 of a general partner:

Typed or printed name:

Christopher Garri

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