

FILE 000000502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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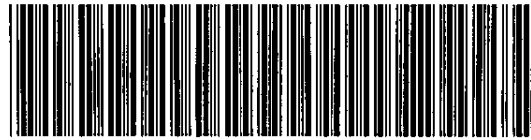
(Business Entity Name)

(Document Number)

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CITY OF CHICAGO

D. BRUCE
OCT 19 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Boats 305 LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A16000000502

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:

Jorge Suarez-Murias

Contact Person

Boats 305 LLLP

Firm/Company

6676 SW 115 Ct #408

Address

Miami, FL 33173

City, State and Zip Code

boats305mia@gmail.com

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

For further information concerning this matter, please call:

Jorge Suarez-Murias

Name of Contact Person

at (305)

699-6923

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

**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. Boats 305 LLLP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 09/22/2016
Date of filing/registration in Florida
3. FILED 000000502
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:

Evelyn Ferro
Name

2001 SW 84 Ct
Address

Miami, FL 33155
City, State and Zip

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

Jorge Suarez-Murias
Name

6676 SW 115 Ct # 408
Florida street address (P.O. Box not acceptable)

Miami FL 33173
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