

A18 0000000 062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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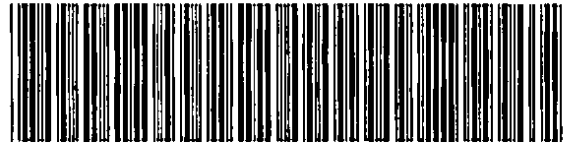
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 MAY -3 PM 1:33

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JUN 23 2022
S. PRATHEP

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAWHNEY FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A18000000062

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:

PANKAJ B SAWHNEY

Contact Person

Firm/Company

531 NORTH OCEAN BLVD, APT 201

Address

POMPANO BEACH, FL 33062

City, State and Zip Code

BILLYSAHNI@GMAIL.COM

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

For further information concerning this matter, please call:

PANKAJ B SAWHNEY

at (954) 914-6467

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. SAWHNEY FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 02/14/2018

Date of filing/registration in Florida

3. A18000000062

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:

RACHEL L TOLLEY, P.A.

Name

2600 S. DOUGLAS RD 1008

Address

CORAL GABLES, FL 33134

City, State and Zip

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

JAI PAL

Name

531 N OCEAN BLVD APT 201

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

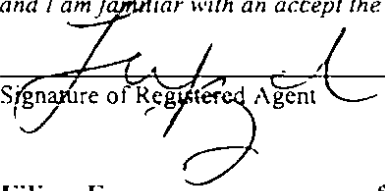
POMPANO BEACH FL 33062

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

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TALLAHASSEE, FLORIDA

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