

A21000000584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

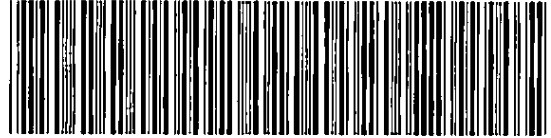
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Austinville Partnership Estates, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A21000000584

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:

Michael D Austin

Contact Person

Austinville Partnership Estates, LLLP

Firm/Company

22091 Elmira Blvd.

Address

Port Charlotte, FL 33952

City, State and Zip Code

englewoodsc@verizon.net

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

For further information concerning this matter, please call:

Mike Austin at (941) 525-3228
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. Austinville Partnership Estates, LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

2. January 21, 2023

Date of filing/registration in Florida

3. A21000000584

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:

Austin, Michael D

Name

210 S Indiana Avenue

Address

Englewood, FL 34223

City, State and Zip

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

Austin, Michael D

Name

22091 Elmira Blvd.

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

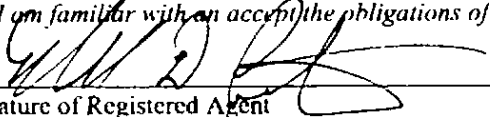
Port Charlotte FL 33952

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

2024 MAY 13 PM 6:44
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