

A210000000644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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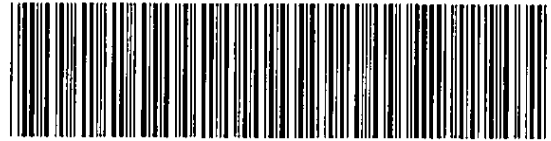
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Starfishlane Family Limited Partnership  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A21000000644

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:

Marissa and Anthony Cisneros

Contact Person

Starfishlane Family Limited Partnership

Firm/Company

11300 SW 68th Ct

Address

Pinecrest, FL 33156

City, State and Zip Code

acisneros3089@gmail

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

For further information concerning this matter, please call:

Anthony J Cisneros

at (786) 399-7813

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. Starfishlane Family Limited Partnership

Name of Limited Partnership or Limited Liability Limited Partnership

2. November 17, 2021

Date of filing/registration in Florida

3. A21000000644

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:

Marissa I. Cisneros-ENRIQUEZ

Name

9850 SW 69th Ct.

Address

Pinecrest, Fl. 33156

City, State and Zip

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

Name

11300 SW 68th Ct.

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

Pinecrest

FL 33156

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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