A23655

| (Requestor's Name) |
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| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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09/06/11--01049--025 **113.75

SECRETARY OF STATE

T. HAMPTON
SEP 1 6 2011

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | 1 |
|---|---|
| SUBJECT: Palm Bay StorA | ge Ltd. ngrship or Limited Liability Limited Partnership |
| The enclosed Certificate of Amendment an | d fee(s) are submitted for filing. |
| Please return all correspondence concernin | g this matter to: |
| Larry W. Anderson Contact Person | <u> </u> |
| 1375 West Hilsboro Bly Address | d. |
| Deer field beach FL 33446 City, State and Zip Code | 2 |
| Larrya Stor-all.com E-mail address: (to be used for future annual r | eport notification) |
| For further information concerning this ma | tter, please call: |
| Larry Anderson | at (954) 421-7888 |
| Enclosed is a check for the following amou | Area Code and Daytime Telephone Number |
| \$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status | \$105.00 Filing Fee and Certified Copy 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 |



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 7, 2011

LARRY W ANDERDSON STOR-ALL 1375 W HILLSBORO BLVD DEERFIELD BEACH, FL 33442

SUBJECT: PALM BAY STORAGE LTD.

Ref. Number: A23655

We have received your document for PALM BAY STORAGE LTD. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a current general partner, if any, and by each newly designated general partner(s).

Please return the corrected original and one copy of 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) 245-6855.

Letter Number: 511A00020780

Tammy Hampton Regulatory Specialist II Registration/Qualification Section RECEIVED

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

| Palm Boy Storge | e Hd. | |
|--|--|-------------------------------|
| Insert name currently on | file with Florida Department of Sta | ite |
| Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose certificate of amendment t | ficate was filed with the Flor lorida document number A | ida Department of State on |
| This amendment is submitted to amend the following | ; | |
| A. If amending name, enter the new name of the here: Pa/m Bay Some New name must be distinguished by the state of the new name of the here. | limited partnership or limited | |
| Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes | | ship, L.L.L.P. or LLLP. |
| B. If amending mailing address and/or princ principal office address here: | cipal office address, <u>enter no</u> | ew mailing address and/or |
| New Principal Office Address: (Must be STREET address) | | |
| New Mailing Address: (May be post office box) | | |
| C. If amending the registered agent and/or regined new registered agent and/or the new registered of | | ecords, enter the name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street i | A CO |
| | | orida . LAHA |
| | City | Zip Code 22 F |

New Registered Agent's Signature, if changing Registered Agent:

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.

| | | If Changing Registered Agent, Sign | ature of New Registered Agent |
|--|--|--|--|
| | the general partner(s), enter the | name and business address of o | each general partner being |
| <u>Title</u> | Name | Address | Type of Action |
| 6 P | Robert W. Anderson | 1375 West Hillsboro A. Deerfield Beach | Lo. ☐ Add Remove |
| <u>6P</u> | NORMANE ANDERSON | | Add Remove |
| | | | FILED Add Secretiany of Street Add Secreti |
| | | | Add Remove |
| E. If the limited partnership or limited liability limited partnership is amending its "limited liability imited partnership" status, enter change here: | | | |
| This Limit | ited Partnership hereby elects to be | a "Limited Liability Limited P | artnership." |
| This Limi | ited Partnership hereby removes its | s "Limited Liability Limited Par | rtnership" status. |
| NOTE: If adding | g or removing" limited liability limited p | artnership" status, all general partn | ers must sign this amendment.) |

| F. If amending any other information, enter cl | hange(s) here: (Attach additional sheets, if necessary.) |
|--|---|
| | |
| | |
| | |
| | |
| Effective date, if other than the date of filing: | |
| (Effective date cannot be prior to nor more than 90 days aft State.) | er the date this document is filed by the Florida Department of |
| | |
| Signature(s) of a general partner or all general | partners*: |
| (*NOTE: Only one current general partner is required to si removing a "limited liability limited partnership" election st when adding or removing a "limited liability limited partner | ign this document unless the limited partnership is adding or tatement. Chapter 620, F.S., requires all general partners to sign reship? election statement.) |
| when adding or removing a mined macinity mined partition | |
| LARRY W. ANDERSON | JEFFREY M. ANDERSON |
| | VETTREY M. MNUCESON |
| | |
| | LARRY. W. ANDERSON V. P. OF AMERICAN REALTY MANAGEMENT CORP |
| Signature(s) of all new or dissociating general p | partner(s), if any: |
| Bal+W. auden | noway Edulur |
| ROBERT W. ANDERSON | NORMAN E. ANDERSON |
| | |
| | |
| | Z21 221 |
| | |
| | SEP I |
| Filing Fee: \$52.50 Certified Copy (optional): \$52.50 | FILED SEP 14 AM CRETARY OF CAHASSEE |