

A25920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

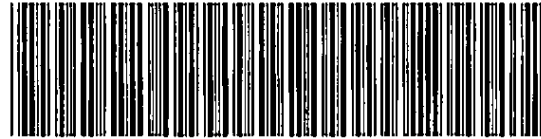
(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WINTER SPRING LAND LTD
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: AA25920

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:

SCOTT M. TAYLOR

Contact Person

Firm/Company

104 STARLING LN

Address

LONGWOOD FL 32779

City, State and Zip Code

scott32779@aol.com

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

For further information concerning this matter, please call:

SCOTT M. TAYLOR

at (407) 256-0123

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. WINTERSPRING LAND LTD

Name of Limited Partnership or Limited Liability Limited Partnership

2. 02/08/1988

Date of filing/registration in Florida

3. A25920

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:

EDMUND HAMPDEN

Name

604 S. LAKE SYBELIA DRIVE

Address

MAITLAND FL 32751

City, State and Zip

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

SCOTT M. TAYLOR

Name

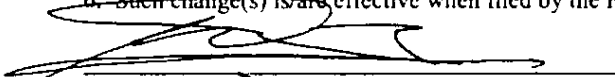
104 STARLING LN

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

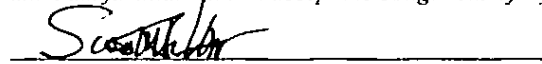
LONGWOOD FL 32779

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

SCOTT M. TAYLOR
REGISTERED AGENT
FLORIDA

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