

A26003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DUBLIN ASSOCIATES, LTD
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A 26003

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:

Patricia McDowell
Contact Person

DUBLIN ASSOCIATES LTD
Firm/Company

13713 W SQUIRREL BLVD STE 207
Address

SQUIRREL FL 33323
City, State and Zip Code

pmcdowell@trionventures.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia McDowell at (954) 491-3848
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

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

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TALLAHASSEE, FLORIDA

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**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. DUBLIN ASSOCIATES LTD
Name of Limited Partnership or Limited Liability Limited Partnership
2. 02/26/1988 3. A26003
Date of filing/registration in Florida 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:

BARBER, Kenneth T
Name
4901 W FEDERAL Hwy STE 100
Address
FT LAUDERDALE FL 33308
City, State and Zip

2000 MAY -3 PM 3:10
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TALLAHASSEE, FLORIDA

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

BARBER, KENNETH T
Name
13713 W SURPRISE BLVD STE 207
Florida street address (P.O. Box not acceptable)
SURPRISE FL 33323
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Kenneth T Barber VP
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.

Kenneth T Barber
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50