## 1726056

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
· · · (Business Entity Name)
A26056
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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A. LUNT
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Office Use Only

EXAMINER



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October 8, 2009

MITCHELL A. YELEN 3225 AVIATION AVE. #500 MIAMI, FL 33133

SUBJECT: SUNNY MONEY PARTNERS LTD.

Ref. Number: A26056

We have received your document for SUNNY MONEY PARTNERS LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 245-6094.

Letter Number: 609A00032530

Agnes Lunt Regulatory Specialist II

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## COVER LETTER

Division of Corporations				
SUBJECT: SUNNY Momental (Name of Al	Partners Ltd.  Jen Business Organization)			
Dear Sir or Madam:				
The enclosed Statement of Change of Registered fee(s) are submitted for filing.	Agent/Registered Office for Alien Busine	ss Organiz	zation	and
Please return all correspondence concerning this r	matter to the following:			
Mitchell A. Velen (Name of Person)				
Pinchasic Strongin, Mu (Firm/Company)	skat, Stein & Co.			
3225 Aviation Ave	\$500	PECKET	ZIJIN NOV 17	
Mikhi FL 3313 (City/State and Zip Code)	3	<u>' ب تت</u>		
(City/State and Zip Code)		ORID	PH 3: 54	**************************************
For further information concerning this matter, pl	ease call:	3.00	•	
(Name of Person) at (Are	ea Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				

\$43.75 Filing Fee & Certified Copy

\$35.00 Filing Fee

## 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. Name of Limited Partnership or Limited Liability Limited Partnership Date of fling/registration in Florida 4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: 5. The name and Florida street address of the new registered agent and/or office: 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 an accept the obligations of my position as registered agent.

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50