

# A30079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

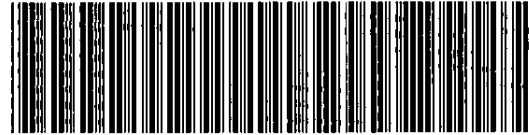
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Catexor Limited Partnership LLC  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A30079

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:

Melanie Mochan

Contact Person

Catexor Inc

Firm/Company

2730 SW 3rd Avenue, Suite 800

Address

Miami, FL 33129

City, State and Zip Code

mmochan@catexor.com

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

For further information concerning this matter, please call:

Melanie Mochan

Name of Contact Person

at ( 305 )

856-8500  
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

**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. Catexor Limited Partnership I  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 6/1/1990 3. A30079  
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:

Britt-Marie Wennerstrom  
Name  
2730 SW 3rd Avenue, Suite 800  
Address  
Miami, FL 33129  
City, State and Zip

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

Stig Wennerstrom  
Name  
2730 SW 3rd Avenue, Suite 800  
Florida street address (P.O. Box not acceptable)  
Miami FL 33129  
City, State and Zip

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

[Signature]  
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]  
Signature of Registered Agent

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
19 JUN 20 AM 10:33

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