

A 31777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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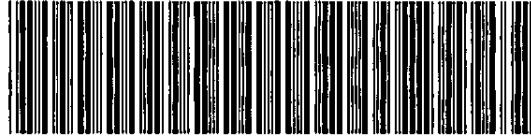
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JAN 08 2016

J SHIVEL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wauchula, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A31773

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:

April Cliche
Contact Person

Wauchula, Ltd.
Firm/Company

3111 Paces Mill Rd. Ste. A-250
Address

Atlanta, GA 30339
City, State and Zip Code

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

For further information concerning this matter, please call:

April Cliche at (770) 984-2100x118
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

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.

16 JAN -7 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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