

# A33057

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

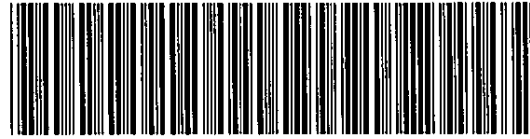
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600263954876

09/10/14--01008--009 \*\*35.00

CLERK OF STATE  
TALLAHASSEE, FLORIDA

14 SEP 25 PM 2: 25

FILED

SEP 26 2014

T. BROWN

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dr. Schrobsdorff & Dr. Herrmann "Bayshore Four Seasons," Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A33057

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:

James P. Waters

Contact Person

Garcia & Ortiz, P.A.

Firm/Company

888 Executive Ctr. Dr. W., Suite 101

Address

St. Petersburg, FL 33702

City, State and Zip Code

jwaters@garciaortiz.com

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

For further information concerning this matter, please call:

Clayton Kreis

Name of Contact Person

at ( 727 )

576-1245  
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. Dr. Schrobsdorff & Dr. Herrmann "Bayshore Four Seasons," Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 06/09/1992  
Date of filing/registration in Florida

3. A33057  
Florida document number

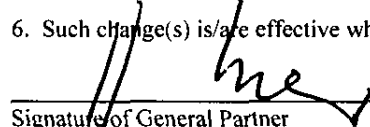
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Brennan, Lois  
Name  
602 S. Newport Ave.  
Address  
Tampa, FL 33606  
City, State and Zip

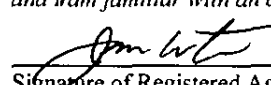
5. The name and Florida street address of the new registered agent and/or office:

James P. Waters  
Name  
888 Executive Ctr. Dr. W., Suite 101  
Florida street address (P.O. Box not acceptable)  
St. Petersburg, FL FL 33702  
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

**FILED**  
14 SEP 25 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA