(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
	·	
(Cib	JCtotal7in/Dhan	- <del>4</del> 0
(Cit)	y/State/Zip/Phone	: # <i>)</i>
	☐ WAIT	MAIL
☐ FICK-OF	L_I WAII	I WALL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
, ,	,	
Contition Coming	C-+:E	of Chatria
Certified Copies	. Certificates	or Status
Special Instructions to F	iling Officer:	
	•	
		į
	·	

Office Use Only



400116775374

02/05/98--01006--004 \*\*35.00

D. BRUCE FEB 0 5 2008

**EXAMINER** 

#### **COVER LETTER**

TO: Registration Section

Division of Corporations

SUBJECT: Lake Land Motors Limited Partnership

(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A33353

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:

Ayana Lambert

(Contact Person)

Percontee, Inc.

(Firm/Company)

11900 Tech Road

(Address)

Silver Spring, MD 20904

(City, State and Zip Code)

08 FEB - S AM II: LE SECRETARY OF STATE

For further information concerning this matter, please call:

Ayana Lambert

at ( 301

622-0100

(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

INHS04 (01/06)

# 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.

mange its registere	a office of registere	a agent, or both,	in the state of Fronta.		
<sub>I.</sub> Lake Land	d Motors Li	mited Part	nership		
Na	me of Limited Partne	ership or Limited L	iability Limited Partners	hip	
2.08/26/1992			<sub>3.</sub> A33353		
Date of filing/registration in Florida		da	Florida docum	nent number	
4. The name of the re Department of State:	egistered agent and th	e registered office	address as shown on the	records of the Florida	
	Martha Gu	udelsky			
		Name			
	250 South	Ocean Bl	vd., Apt. 16A	В	
		Address			
	Boca Rato	n, FL 334	32	<del>: </del> ' -	
		City, State and Z	ip	ALL SE	
5. The name and Flor	rida street address of	the new registered	agent and/or office:	FEB CRE AHA	
	John Gude	elsky		-5 ASSI	· Parame
		Name	_	ERG 🚬	(Saddari S
	425 Meade	ow Lark D	rive	AM 11: 15 Of State E. Floridi	. Same
	Florida stree	t address (P.O. Box	not acceptable)	A L	
	Sarasota		<sub>FL</sub> 34236	A	
		City, State and Z	ip		
5. Such change(s) is/ MBC. Asset Manager	are effective when file	ed by the Florida D neral Partner	epartment of State.		

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 acceptate obligations of my position as registered agent.

John Gudelleky

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