

A9300000010

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE WOODS APARTMENTS LIMITED  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A93000000010

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:

CHERYL COOKE

Contact Person

THE WOODS APARTMENTS LIMITED

Firm/Company

P.O. BOX 358778

Address

GAINESVILLE, FL 32635

City, State and Zip Code

CCOOKE@GREMCO.COM

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

For further information concerning this matter, please call:

CHERYL COOKE

Name of Contact Person

at ( 352 )

264-7181  
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

