

A97 000000127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

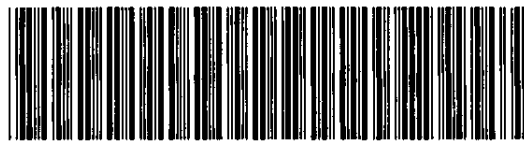
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/19/14--01029--022 **52.50

16 JUN -6 AM 10:13
TALLAHASSEE, FLORIDA

6844



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2014

KIMBERLY DAVIS
PO BOX 787
HIGH SPRINGS, FL 32655

SUBJECT: FOXFIRE PROPERTIES, LTD.
Ref. Number: A93000000127

We have received your document for FOXFIRE PROPERTIES, LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 914A00011360

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Foxfire Properties, Ltd.
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Kimberly J. Davis

Contact Person

Foxfire Properties, Ltd.

Firm/Company

PO Box 787

Address

High Springs, FL 32655

City, State and Zip Code

kimjdavis@windstream.net

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

For further information concerning this matter, please call:

Kimberly J. Davis

Name of Contact Person

at (386)

454-1185

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

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

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

Foxfire Properties, Ltd.

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on February 8, 1993, assigned Florida document number A93000000127, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

N/A

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:
(Must be STREET address)

7460 NE 55th Avenue
High Springs, FL 32643

New Mailing Address:
(May be post office box)

PO Box 787
High Springs, FL 32655

C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Virginia E. Griffis, Esq.

New Registered Office Address:

1 SE 1st Avenue

Enter Florida street address

Gainesville

Florida

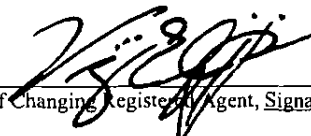
32601

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.


If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GP	Barr, Harry E.	(Deceased) 6517 NW 16th Place Gainesville, FL 32605	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	Barr, Roina	(Deceased) 6517 NW 16th Place Gainesville, FL 32605	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: *If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)*

F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

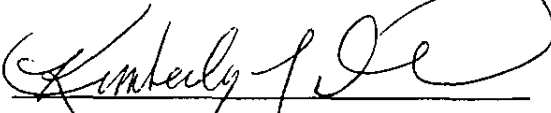
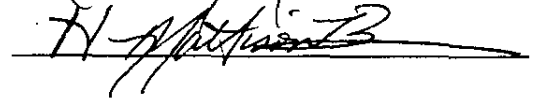
Both Harry E. Barr & Roina Barr passed away in 2013

Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

Signature(s) of all new or dissociating general partner(s), if any:

14 JUN -6 AM 19
STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

OFFICE of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2013077501

DATE ISSUED: June 28, 2013

DECEDENT INFORMATION

STATE FILE DATE: June 5, 2013

NAME: HARRY ELTON BARR

DATE OF DEATH: May 24, 2013

SEX: MALE

AGE: 092 YEARS

DATE OF BIRTH: February 14, 1921

SSN: 263-16-6040

BIRTHPLACE: CHATTANOOGA, TENNESSEE, UNITED STATES

PLACE WHERE DEATH OCCURRED: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 6517 NW 16TH PLACE

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: WIDOWED

SPOUSE: NONE

RESIDENCE: 6517 NW 16TH PLACE, GAINESVILLE, FLORIDA 32605, UNITED STATES

COUNTY: ALACHUA

OCCUPATION, INDUSTRY: LAND MANAGEMENT, ENTREPRENEUR

RACE: ☒ White☐ Black or African American☐ Asian Indian☐ Chinese☐ Filipino☐ Native Hawaiian☐ American Indian or Alaskan Native-Tribe:☐ Japanese☐ Korean☐ Vietnamese☐ Guamanian or Chamorro☐ Samoan☐ Other Pacific Isl:☐ Other Asian:☐ Other:☐ Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: HIGH SCHOOL GRADUATE OR GED

EVER IN U.S. ARMED FORCES? YES

PARENTS AND INFORMANT INFORMATION

FATHER: HARRY ELTON BARR SR

MOTHER: ELIZABETH KIRBY

INFORMANT: KIMBERLY DAVIS

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: 7460 NE 55TH AVE, HIGH SPRINGS, FLORIDA 32643, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: FOREST MEADOWS CREMATORY
GAINESVILLE, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: AMY SUE MILLER-BECKNER, F028465

FUNERAL FACILITY: FOREST MEADOWS FUNERAL HOME F041788

725 NW 23RD AVE, GAINESVILLE, FLORIDA 32609

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 0603

CERTIFIER'S NAME: GERALDINE SUSAN SHAW BICHER

CERTIFIER'S LICENSE NUMBER: ME82782

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT ENTERED

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.

REQ: 2013950921



DH FORM 1946 (04-10)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

OFFICE of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2013030390

DATE ISSUED: June 28, 2013

DECEDENT INFORMATION

STATE FILE DATE: March 4, 2013

NAME: ROINA BISCHEL BARR

DATE OF DEATH: February 28, 2013

SEX: FEMALE

AGE: 083 YEARS

DATE OF BIRTH: February 12, 1930

SSN: 265-36-3019

BIRTHPLACE: TAMPA, FLORIDA, UNITED STATES

PLACE WHERE DEATH OCCURRED: HOSPITAL-UNK STATUS

FACILITY NAME OR STREET ADDRESS: NORTH FLORIDA REGIONAL MEDICAL CENTER

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: MARRIED

SPOUSE: HARRY ELTON BARR

RESIDENCE: 6517 NW 16 PLACE, GAINESVILLE, FLORIDA 32605, UNITED STATES

COUNTY: ALACHUA

OCCUPATION, INDUSTRY: COURT REPORTER, HILLSBOROUGH COUNTY

RACE: ☒ White ☐ Black or African American☐ Asian Indian☐ Chinese☐ Filipino☐ Native Hawaiian☐ American Indian or Alaskan Native-Tribe:☐ Japanese☐ Korean☐ Vietnamese☐ Guamanian or Chamorro☐ Samoan☐ Other Pacific Isl:☐ Other Asian:☐ Other:☐ Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: HIGH SCHOOL GRADUATE OR GED EVER IN U.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER: HUGO ADOLPH BISCHEL

MOTHER: ELSE ERNA KIRCHMEYER

INFORMANT: HARRY ELTON BARR

RELATIONSHIP TO DECEDENT: SPOUSE

INFORMANT'S ADDRESS: 6517 NW 16 PLACE, GAINESVILLE, FLORIDA 32605, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: FOREST MEADOWS CREMATORY
GAINESVILLE, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: AMY SUE MILLER-BECKNER, F028465

FUNERAL FACILITY: FOREST MEADOWS FUNERAL HOME F041788
725 NW 23RD AVE, GAINESVILLE, FLORIDA 32609

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 1725

CERTIFIER'S NAME: CLARISOL M MARTINEZ

CERTIFIER'S LICENSE NUMBER: ME86060

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT ENTERED

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

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REQ: 2013850923

DH FORM 1946 (04-10)

CERTIFICATION OF VITAL RECORD

FLORIDA DEPARTMENT OF
HEALTH