

A93 0000000161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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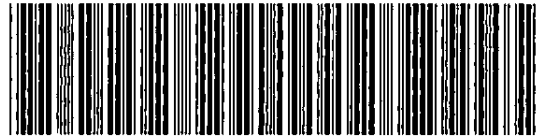
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

OCT 31 2008

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Santrust, Ltd.  
(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A93000000161

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:

Mr. Craig Rouhier  
(Contact Person)  
Santrust, Ltd.  
(Firm/Company)  
138 Rugby St.  
(Address)  
Orlando, Fl. 32804  
(City, State and Zip Code)

For further information concerning this matter, please call:

Craig Rouhier at ( 407 ) 540-1500  
(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)

2008 OCT 17 AM 11:01  
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TALLAHASSEE, FLORIDA

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**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. Santrust, Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 03/08/1993  
Date of filing/registration in Florida
3. A93000000161  
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:

Judy Squillante  
Name  
738 Rugby St.  
Address  
Orlando, Florida 32804  
City, State and Zip

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

Craig Rouhier  
Name  
738 Rugby St.  
Florida street address (R.O. Box not acceptable)  
Orlando FL 32804  
City, State and Zip

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6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]  
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]  
Signature of Registered Agent

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