

A94000000495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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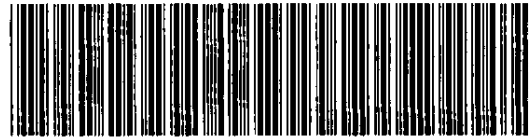
(Business Entity Name)

(Document Number)

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2010 AUG - 6 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. LEWIS

AUG - 9 2010

EXAMINER

LAW OFFICES OF

MARSHAL D. GIBSON

PROFESSIONAL CORPORATION

MEMBER OF THE CONNECTICUT
FLORIDA AND NEW YORK BARS

BOARD CERTIFIED IN
TAXATION (FLORIDA)

ONE CENTURY TOWER
265 CHURCH STREET, SUITE 504, NEW HAVEN, CT 06510
TEL: 203-562-8080
FAX: 203-624-3388 E-MAIL: MGIBTAX@AOL.COM

NEW YORK OFFICE
230 PARK AVENUE, SUITE 1000, PMB 1072
NEW YORK, NY 10169

August 2, 2010

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: The Cohen Family Limited Partnership

Dear Sir/Madam:

Enclosed please find executed Change of Registered Agent for filing, along with a check in the amount of \$87.50 for filing fee and Certified copy fee. Please send Certified copy to me at: 265 Church Street, Suite 504, New Haven, Connecticut, 06510.

Thank you.

Very truly yours,



Marshal D. Gibson

MDG:krb
Encls.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE COHEN FAMILY LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: _____

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:

Attorney Marshal D. Gibson

Contact Person

Marshal D. Gibson, P.C.

Firm/Company

265 Church Street, Suite 504

Address

New Haven, CT 06510

City, State and Zip Code

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

For further information concerning this matter, please call:

Attorney Marshal D. Gibson

Name of Contact Person

at (203)

562-8080

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. THE COHEN FAMILY LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

2. April 4, 1994 3. A94000000495
Date of filing/registration in Florida 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:

ASKEW, JEFFREY ESQ
27 PENNOCK LANE, SUITE 101
JUPITER, FL 33458 US
(2008) N 03/17/08

City, State and Zip

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

RHODA HANKIN
Name

1167 Hillsboro Mile, Apt. 410
Florida street address (P.O. Box not acceptable)

Hillsboro Beach FL 33062
City, State and Zip

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

Rhoda Hankin
Signature of General Partner / President of Hankin Management Company, Inc.

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.

Rhoda Hankin
Signature of Registered Agent

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

FILED
2010 AUG -6 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA