

A94000001609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

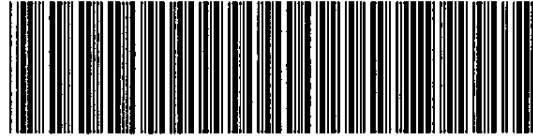
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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12 APR 19 PM 2:01
SEC. OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

APR 20 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

Sun Plaza 1, Ltd.

SUBJECT:

A 94 00000 1609

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:

Stanley P. Whitcomb Jr

Contact Person

Whitcomb Associates INC

Firm/Company

1647 Sun City Ctr Plaza #204E

Address

Sun City Center, FL 33573

City, State and Zip Code

StanW@whitgroup.net

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

RECEIVED
TALLAHASSEE, FLORIDA

12 APR 19 PM 2:02

For further information concerning this matter, please call:

Stanley P. Whitcomb, Jr at (239) 405-0836

Name of Contact Person

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

Sun Plaza 1, Ltd A94 00000 1609

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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	Estepona Investments, INC,	1647 Sun City Center Plaza # 204 E Sun City Center, FL 33573	☐ Add ☒ Remove
_____	_____	_____	☐ Add ☐ Remove
GP	Stanley P. Whitcomb, Jr Living Trust dated September 29, 2005	1647 Sun City Center Plaza # 204 E Sun City Center, FL 33573	☒ Add ☐ Remove ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ 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.)*

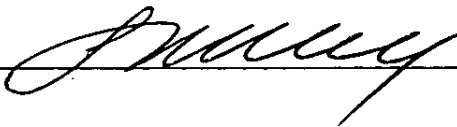
Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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:



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

12 APR 19 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA