

A94000001860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

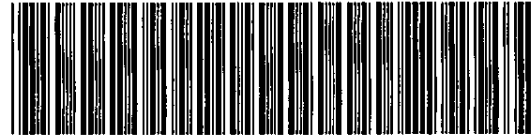
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2013 FEB 11 PM 3:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 12 2013

T CLINE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 22, 2013

WILLIAM J. HYATT, CPA  
BAKER, HYATT, HOMRICH, P.A.  
2203 EAST MICHIGAN STREET  
ORLANDO, FL 32806

SUBJECT: DIVIRGILIO FAMILY PARTNERSHIP, LTD.  
Ref. Number: A94000001860

We have received your document for DIVIRGILIO FAMILY PARTNERSHIP, 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):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

The document must be signed by a current general partner, if any, and by each newly designated general partner(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 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.

Tammi Cline  
Regulatory Specialist II

Letter Number: 612A00007576

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DIVISION OF CORPORATIONS

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 21, 2012

WILLIAM J. HYATT, CPA  
BAKER, HYATT, HOMRICH, P.A.  
2203 EAST MICHIGAN STREET  
ORLANDO, FL 32806

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SECRETARY OF STATE  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 01/11/2013 BY 60322

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DIVIRGILIO FAMILY PARTNERSHIP, 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:

WILLIAM J. HYATT, CPA

Contact Person

BAKER, HYATT, HOMRICH, P.A.

Firm/Company

2203 EAST MICHIGAN STREET

Address

ORLANDO, FL 32806

City, State and Zip Code

KIMO@BHH-CPA.COM

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

For further information concerning this matter, please call:

WILLIAM J. HYATT

Name of Contact Person

at ( 407 )

425-5200

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*Baker, Hyatt & Homrich, P.A.*

CERTIFIED PUBLIC ACCOUNTANTS

2203 E. Michigan Street, Orlando, Florida 32806-4944

(407) 425-5200

Facsimile (407) 425-5102

J. ALDEN BAKER, CPA  
WILLIAM J. (KIMO) HYATT, CPA  
DIANE M. HOMRICH, CPA  
CRAIG H. ZOKVIC, CPA

MEMBERS  
AMERICAN INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS  
FLORIDA INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

February 7, 2013

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

Dear Madam or Sir:

Last February 15, 2012 we filed a Certificate of Amendment to Certificate of Limited Partnership of DiVirgilio Family Partnership, Ltd. with your office along with a check to cover your fee of \$52.50 to have several partners either removed or added. We recently checked online to file 2013 and it appears the update was not made but our check for the fees has been cashed.

Please advise if we are missing information or if you can update your records. I have enclosed another copy of the application with the additional signatures of the trustees.

Your prompt attention to this matter is appreciated.

Best regards,



William J. Hyatt, CPA

WJH/mjt  
Enclosure

2013 FEB 11 PM 3:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
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**SUBJECT:** DIVIRGILIO FAMILY PARTNERSHIP, LTD.  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

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Please return all correspondence concerning this matter to:

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Firm/Company

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ORLANDO, FL 32806

City, State and Zip Code

KIMO@BHH-CPA.COM

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Tallahassee, FL 32301

**MAILING ADDRESS:**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**DIVIRGILIO FAMILY PARTNERSHIP, 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 MAY 3, 2000, assigned Florida document number A94000001860, 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:**

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)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Mailing Address:

*(May be post office box)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida

City

Zip

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FLORIDA

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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>
_____	KOVARA, EARL J	28 HARPER CANYON ROAD SALINAS, CA 93908	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	TERESA K. BELLI, TRUSTEE EARL J. KOVARA TRUST	C/O TERESA K BELLI 28 HARPER CANYON ROAD SALINAS, CA 93908	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	DIVIRGILIO, LAWRENCE	18 RADFORD LANE PALM COAST, FL 32164	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	BRET BAKER, TRUSTEE LAWRENCE H. DIVIRGILIO Revocable Trust DTD 03/11/09	18 RADFORD LANE PALM COAST, FL 32164	<input checked="" 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

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ALLAHUDDIN, SEIF

**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.)**

7. 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.)

William J. Hays, RA.

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

Teresa K. Belli

TERESA K. BELLI

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.)

William J. Hays, RA.

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

BRET BAKER

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

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SALE/ASSISTANT, FLORIDA

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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.)

William H. [Signature], RA.  
[Signature]  
General Partner

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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