

A95000001111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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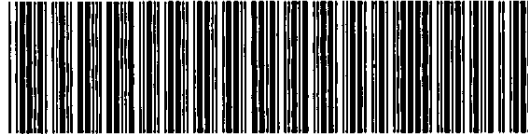
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

OCT 08 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brookside Associates, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A95000001111

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:

Laurel J. Hergert
Contact Person
Brookside Associates, Ltd.
Firm/Company
20 Community Place
Address
Morristown, NJ 07960
City, State and Zip Code
ljhergert@richardsandrobbins.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laurel J. Hergert at (973) 539-1451
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

**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. Brookside Associates, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

2. July 20, 1995 3. A95000001111
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:

Judith Richards
Name

19451 Cedar Glen Drive
Address

Boca Raton, FL 33434
City, State and Zip

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

David Richards
Name

3626 Fair Oaks Place
Florida street address (P.O. Box not acceptable)

Long Boat Key FL 34228
City, State and Zip

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

David Richards, President of General Partner
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.

David Richards
Signature of Registered Agent

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

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