

Florida Department of State
Division of Corporations
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A9500001322

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : GREENSPOON MARDER, P.A.
Account Number : 076064003722
Phone : (888)491-1120X6217
Fax Number : (954)333-2132

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: AILYN@TAPLINFALLSLTD.COM

GM FILE 31028.0006

REGISTERED AGENT CHANGE
TAPLIN FALLS, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED

2025 FEB 11 PM 12:38

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2025 FEB 11 AM 11:18

APPROVED
AND
FILED

FEB 12 2025
K. Brumbley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAPLIN FALLS, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A95000001322

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:

Ailyn Gonzalez

Contact Person

FALLS MANAGEMENT CO.

Firm/Company

13651 NW 4th Street

Address

Pembroke Pines, FL 33028

City, State and Zip Code

Ailyn@taplinfallslltd.com

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

For further information concerning this matter, please call:

Ailyn Gonzalez

at (954) 437-1435

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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. TAPLIN FALLS, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 09/06/1995

Date of filing/registration in Florida

3. A95000001322

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:

Jennifer R. Szalas

Name

13651 NW 4th Street

Address

Pembroke Pines, FL 33028

City, State and Zip

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

Ailyn Gonzalez

Name

13651 NW 4th Street

Florida street address (P.O. Box not acceptable)

Pembroke Pines, FL 33028

City, State and Zip

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

Jack Taplin, President of Taplin Meadows Development Corporation

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.

Ailyn Gonzalez

Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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AND
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CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
IN AND FOR THE STATE OF FLORIDA