

A95000001567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

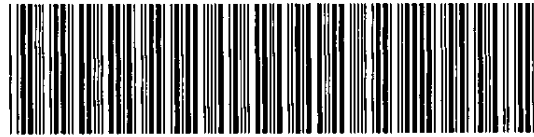
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

LP 52.50
Cert 61.25



700183902637

08/20/10--01050--009 **2113.75

FILED
10 AUG 20 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Oregon AUG 23 2010



A T T O R N E Y S A T L A W

ORLANDO • OCALA

JAMES B. BOGNER

E-MAIL ADDRESS

jbogner@mateerharbert.com

DIRECT LINE
(407) 377-6195

August 17, 2010

Secretary of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Lorraine Y. Whiting Limited Partnership

Dear Sir or Madam:

Enclosed please find papers to reinstate the above partnership, and a check from our client in the amount of \$2,113.75 for the following fees:

1. 2009 and 2010 filing and late fees for reinstatement of the partnership which totals \$2,000.00.
2. Certificate of Amendment filing, certified copy and certificate of status fees which totals \$113.75.

Please contact me if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'James B. Bogner'.

James B. Bogner

JBB:mmm
Enclosures

cc: Anthony Whiting w/Enclosures
320 West 87th Street, Apt. 31
New York, NY 10024

4839-8888-8583, v. 1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lorraine Y. Whiting Limited Partnership
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:

Anthony Whiting

Contact Person

Firm/Company

320 West 87th Street, Apt. 31

Address

New York, NY 10024

City, State and Zip Code

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

For further information concerning this matter, please call:

Anthony Whiting

Name of Contact Person

at (212)

972-2025

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

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

Lorraine Y. Whiting Limited Partnership

Insert name currently on file with Florida Department of State

FILED
10 AUG 20 PM 3: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 10/17/1995, assigned Florida document number A95000001567, 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:

Lorraine Y. Whiting Limited Partnership, LLLP

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:

<u>New Principal Office Address:</u> (Must be STREET address)	<u>320 West 87th Street</u> <u>Apt. 31</u> <u>New York, NY 10024</u>
--	--

<u>New Mailing Address:</u> (May be post office box)	<u>320 West 87th Street</u> <u>Apt. 31</u> <u>New York, NY 10024</u>
---	--

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:

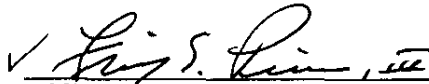
<u>Name of New Registered Agent:</u>	<u>Francis E. Pierce, III</u>
--------------------------------------	-------------------------------

<u>New Registered Office Address:</u>	<u>225 E. Robinson Street, Suite 600</u> <i>Enter Florida street address</i>
---------------------------------------	---

<u>Orlando</u> <i>City</i>	, Florida <u>32801</u> <i>Zip Code</i>
-------------------------------	---

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	Anthony Whiting	320 West 87th Street Apt. 31 New York, NY 10024	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
GP	Lorraine Y. Whiting	502 Cemetery Road Geneva, FL 32732	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> 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.)

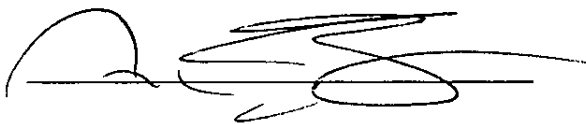
Signature(s) of a general partner or all general partners*:

(*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.)



Anthony Whiting, Sole General Partner

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



Anthony Whiting, Sole General Partner

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

FILED
10 AUG 20 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA