

A95000001698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATION
08 APR 16 PM 3:28

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: DISMUKE FAMILY LIMITED PARTNERSHIP

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A95000001698

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:

ZAN A. DISMUKE

(Contact Person)

(Firm/Company)

1895 ELOISE COVE DRIVE

(Address)

WINTER HAVEN, FL 33884

(City, State and Zip Code)

For further information concerning this matter, please call:

ROBERT R. CRITTENDEN

at (**863**) **293-2161**

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a ^{\$87.50}~~\$25.00~~ 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

INHS04 (01/06)

**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. DISMUKE FAMILY LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

2. NOVEMBER 8, 1995

Date of filing/registration in Florida

3. A95000001698

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:

RUTH T. DISMUKE

Name

807 ALTA VISTA DRIVE

Address

HAINES CITY, FL 33844

City, State and Zip

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

ZAN A. DISMUKE

Name

1895 ELOISE COVE DRIVE

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

WINTER HAVEN

FL 33884

City, State and Zip

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

Zan A. Dismuke

Signature of General Partner - Zan A. Dismuke

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.

Zan A. Dismuke

Signature of Registered Agent - Zan A. Dismuke

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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