

A95 00000 2058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

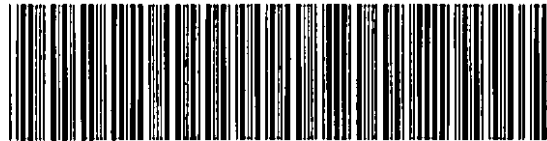
(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FL

AUG 1, 2021

X



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 1, 2021

STEVEN HAMERSMITH  
3330 NW 125 STREET  
MIAMI, FL 33167

SUBJECT: HAMERSMITH LIMITED PARTNERSHIP  
Ref. Number: A95000002058

We have received your document for HAMERSMITH LIMITED PARTNERSHIP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 821A00014585

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HAMERSMITH LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A 95000002058

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:

STEVEN HAMERSMITH

Contact Person

HAMERSMITH LIMITED PARTNERSHIP

Firm/Company

3330 NW 125 STREET

Address

MIAMI, FLORIDA 33167

City, State and Zip Code

CPINKUS@HAMERSMITH.COM

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

For further information concerning this matter, please call:

CLARA PINKUS

at ( 305 ) 685-7451

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. HAMERSMITH LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

2. DECEMBER 27, 1995

Date of filing/registration in Florida

3. A 95000002058

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:

GREG HERSKOWITZ

Name

9130 S DADELAND BLVD., # 1609

Address

MIAMI, FL 33156

City, State and Zip

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

BARRY L. SIMONS, ESQ.

Name

9100 S. DADELAND BLVD., # 400

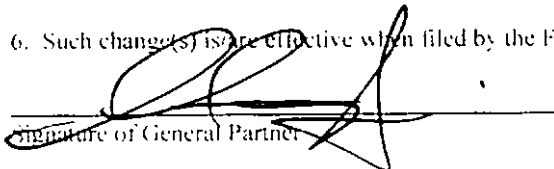
Florida street address (P.O. Box not acceptable)

MIAMI

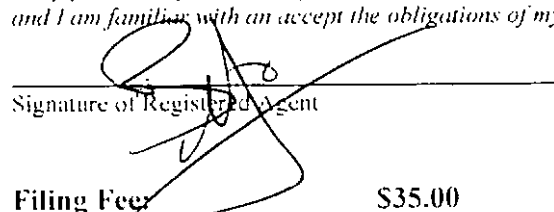
FL 33156

City, State and Zip

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

  
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.*

  
Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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