

A95 000002088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

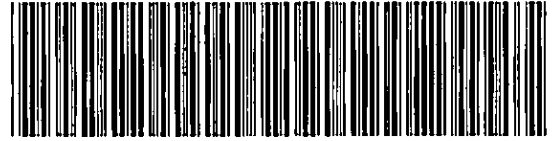
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

wrong form

Office Use Only



100355572541

11/25/20--01002--012 \*\*25.00

01/27/21--01002--002 \*\*10.00

FILED  
2021 JAN 25 PM 12:54  
SOUTHERN  
BELL  
FBI - MEMPHIS

O SIMMONS

JAN 27 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 11, 2021

DEBORAH DURHAM  
9700 PHILLIPS HWY  
#104  
JACKSONVILLE, FL 32256

SUBJECT: DMD VENTURES, LTD.  
Ref. Number: A95000002088

We have received your document for DMD VENTURES, LTD. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$10.00.

The form you submitted is for a FLORIDA LLC, but your entity is a FLORIDA LP. Please complete and return the enclosed blank form(s).

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.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 021A00000615

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DMD Ventures, LTD  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A95000002088

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:

Deborah Pass Durham  
Contact Person

DMD Ventures LTD  
Firm/Company

9700 Philips Hwy #104  
Address

Jacksonville, FL 32256  
City, State and Zip Code

deborah@potentiae.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah Pass Durham at ( 904 ) 333-7242  
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

LED  
3831 JAN 25 PM 12:54

**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 partner 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. DMD Ventures LTD  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 6/01/2001 3. A95000002088  
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:

Mark Pass  
Name  
9700 Philips Hwy #104  
Address  
Jax, FL 32256  
City, State and Zip

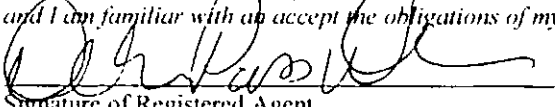
5. The name and Florida street address of the new registered agent and/or office:

Deborah Pass Durham  
Name  
9700 Philips Hwy #104  
Florida street address (P.O. Box not acceptable)  
Jacksonville, FL 32256  
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**