

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

DOCUMENT # **A96000000534**

1. Entity Name

LETTERMULLIN LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

**360 S. MILITARY TRAIL
 DEERFIELD BEACH, FL. 33442**

2. Principal Place of Business

3. Mailing Address

360 S. MILITARY TRAIL
 Suite, Apt. #, etc. **SAME**

DO NOT WRITE IN THIS SPACE

City & State

City & State

DEERFIELD BEACH, FL

4. FEI Number

Applied For

33442

Country

Zip

Country

88-0421632

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAUER, MARK
 360 S. MILITARY TRAIL
 DEERFIELD BEACH, FL. 33442**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$1,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$1,000.00

11. MARK CHECK PAYABLE TO DEPT. OF STATE
 SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **A96000000534**
 NAME **BERRY, CATHERINE T.**
 STREET ADDRESS **360 S. MILITARY TRAIL**
 CITY-ST-ZIP **DEERFIELD BEACH, FL. 33442**

STREET ADDRESS

CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **CATHERINE T. BERRY**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-24-00
3700X523

CR2E003 (9/99)