

A9600000/058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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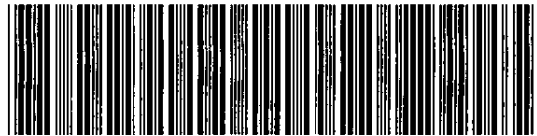
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE GORMAN FAMILY LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A96000001058

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:

LURA GORMAN

Contact Person

THE GORMAN FAMILY L.P.

Firm/Company

1309 VILLA MILL ALLEY

Address

KEY WEST, FL 33040

City, State and Zip Code

red03vet@aol.com

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

For further information concerning this matter, please call:

LOUIS J. CLAPS, CPA

Name of Contact Person

at (561)

791-4505

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 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

**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. THE GORMAN FAMILY LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 5/3/2001
Date of filing/registration in Florida

3. A96000001058
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:

LURA GORMAN
Name
1218 VARELA STREET
Address
KEY WEST, FL 33040
City, State and Zip

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

LURA GORMAN
Name
1309 VILLA MILL ALLEY
Florida street address (P.O. Box not acceptable)
KEY WEST FL 33040
City, State and Zip

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

X Lura Gorman
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.

X Lura Gorman
Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

**CHANGE OF BUSINESS MAILING ADDRESS TO:
1309 VILLA MILL ALLEY, KEY WEST, FL 33040**

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