

A960000001344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

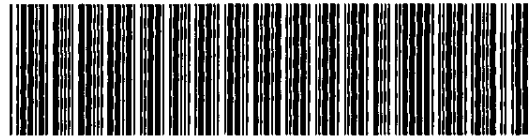
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC - 7 AM 8:44

T. HAMPTON

DEC - 8 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EPN Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A96000001344

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:

Christopher Valley
Contact Person

EPN Limited Partnership
Firm/Company

2125 SE 5th St.
Address

Pompano Beach, FL 33062
City, State and Zip Code

cvalley1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Valley at (954) 650-5136
Name of Contact Person 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 DEC -7 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 23, 2010

CHRISTOPHER NALLEY
2125 SE 5TH ST
POMPANO BEACH, FL 33062

SUBJECT: EPN LIMITED PARTNERSHIP
Ref. Number: A96000001344

We have received your document for EPN LIMITED PARTNERSHIP and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a LIMITED PARTNERSHIP. 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) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 610A00027500

**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. EPN Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership
2. 11/17/2010 3. A 96000001344
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:

Christopher Nalley
Name
3998 FAU Blvd. Suite 120
Address
Boca Raton, FL 33431
City, State and Zip

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

Christopher Nalley
Name
2125 SE 5th St.
Florida street address (P.O. Box not acceptable)
Pompano Beach FL 33062
City, State and Zip

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

Peter Nalley
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.

Christopher Nalley
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC -7 AM 8:44