

A96000001344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

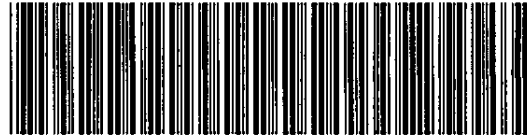
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2014 APR -2 PM 1:04
BOSTON

B. BOSTICK
APR - 4 2014
EXAMINER

3/31/2014

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

This is an amendment request in EPN Limited Partnership (Document Number A96000001344 EIN 650678622) due to the death of a general partner (Pamela M. Nalley). Enclosed is a certificate of amendment, check and copy of the death certificate. Please contact the undersigned if there's anything else you need.

Sincerely,

A handwritten signature in black ink, appearing to read "C. Nalley", written in a cursive style.

Christopher Nalley
EPN Limited Partnership
2125 SE 5th St
Pompano Beach, FL 33062
P: 954.204.4888
F: 561.862.5523
cnalley@outlook.com

2014-03-28 10:01
EPN Limited Partnership
A96000001344

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EPN LIMITED PARTNERSHIP
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

CHRISTOPHER E. P. NALLEY

Contact Person

Firm/Company

2125 SE 5th Street

Address

Pompano Beach, Florida 33062

City, State and Zip Code

cnalley@outlook.com

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

For further information concerning this matter, please call:

CHRISTOPHER E. P. NALLEY

Name of Contact Person

at (954)

204-4888

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$52.50 Filing Fee ☐ \$61.25 Filing Fee and Certificate of Status ☐ \$105.00 Filing Fee and Certified Copy ☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status

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

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

EPN LIMITED PARTNERSHIP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 07/15/1996, assigned Florida document number A96000001344, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:

(Must be STREET address)

New Mailing Address:

(May be post office box)

C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GP	PAMELA M. NALLEY	350 HUNT ROAD PITTSBURGH, PA 15238	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

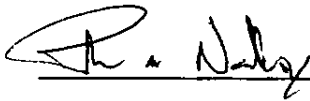
(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)



2014-03-21 10:04 AM
G

Signature(s) of all new or dissociating general partner(s), if any:

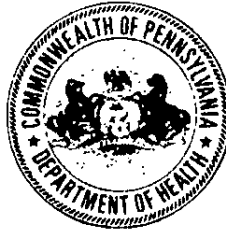
Deceased

Pamela m. nalley

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health, in accordance with the Vital Statistics Law of 1953, as amended.

WARNING: It is illegal to duplicate this copy by photostat or photograph.



Marina O'Reilly Matthew

Marina O'Reilly Matthew
State Registrar

6321847

No.

SEP 06 2011

Date

HD-100-100 (REV. 10/11)
TYPE / PRINT IN
PERMANENT
BLACK INK

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

CERTIFICATE OF DEATH

(See instructions and examples on reverse)

STATE FILE NUMBER

REPLACEMENT CERTIFICATE

1. Name of Decedent (First, middle, last, suffix) PAMELA M. NALLEY		2. Sex Female	3. Social Security Number 274-44-2428	4. Date of Death (Month, day, year) 8/6/2011 AUGUST 6, 2011
5. Age (Last Birthday) 54	Under 1 year Months 54	Under 1 day Hours 10/4/1956	6. Date of Birth (Month, day, year) 10/4/1956	7. Birthplace (City and state or foreign country) Atlanta, GA
8a. County of Death Allegheny		8b. City, Town, or Precinct of Death Pittsburgh		8c. Facility Name (If not institution, give street and number) UNIVERSITY OF PITTSBURGH MEDICAL CENTER
9. Place of Death (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Other: _____		10. Race: American Indian, Black, White, etc. (Specify) White		
11. Decedent's Usual Occupation (Kind of work done during week of working life. Do not state retired) Manager		12. Was Decedent ever in the U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13. Decedent's Education (Specify only highest grade completed) College (1-4 yr)
14. Marital Status: Married, Never Married, Widowed, Divorced (Specify) Married		15. Surviving Spouse (If wife, give maiden name) Robert G. Kaveny, III		
16. Decedent's Mailing Address (Street, city, town, state, zip code) 350 Hunt Road Pittsburgh, PA 15238		17a. State PA 17b. County Allegheny		
18. Father's Name (First, middle, last, suffix) Eldren P. Nalley		19. Mother's Name (First, middle, maiden surname) Ethel R. Murray		
20a. Informant's Name (Type / Print) Robert G. Kaveny, III		20b. Informant's Mailing Address (Street, city, town, state, zip code) 350 Hunt Road Pittsburgh, PA 15238		
21a. Medical Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Removal from State <input checked="" type="checkbox"/> Other: _____		21b. Date of Disposition (Month, day, year) 8/8/2011		21c. Place of Disposition (Name of cemetery, crematory or other place) Pittsburgh Cremation Service
22a. Medical Disposition (If person acting as such) Pradeep HL		22b. License Number MT192326		22c. Name and Address of Facility John A. Freyvogel Sons Inc. 4900 Centre @ Devonshire Pgh., PA 15213
23a. Time of Death 10:54 a.m.		23b. Date Pronounced Dead (Month, day, year) AUGUST 6, 2011		23c. Date Signed (Month, day, year) AUGUST 6, 2011
24. Cause of Death (See instructions and examples) SEPSIS COAGULOPATHY LIVER FAILURE		25. Part II: Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I. 1 week ACUTE RENAL FAILURE 1 week HEMORRHOMATOSIS		
26a. Was an Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		26b. Were Autopsy Findings Available Prior to Completion of Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		26c. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not be Determined
27a. Date of Injury (Month, day, year) 8/6/2011		27b. Time of Injury 11:00 a.m.		27c. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
28a. Signature and Title of Certifying Physician Pradeep HL MD		28b. License Number MT192326		28c. Date Signed (Month, day, year) AUGUST 6, 2011
29. Name and Address of Person Who Completed Cause of Death (Item 27) Type / Print PRADEEP LAKSHMINARAYANA UNIVERSITY OF PITTSBURGH MEDICAL CENTER 200 LOTHIAN STREET, PITTSBURGH, PA 15213-3582		30. Registrar's Signature and District Number Marina O'Reilly Matthew 01210312		

Disposition Permit No. 0508456

NAME OF DECEDENT: NALLEY, PAMELA