

A96000001532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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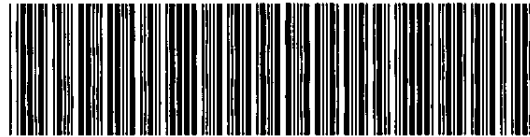
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUN - 4 2015

RA change

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Hannington Limited Partnership  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A96000001532

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:

Bruce P. Chapnick, Esq.

Contact Person

Icard, Merrill, Cullis, Timm, Furen & Ginsburg, P.A.

Firm/Company

2033 Main Street, Suite 600

Address

Sarasota, FL 34237

City, State and Zip Code

bchapnick@icardmerrill.com

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

For further information concerning this matter, please call:

Bruce P. Chapnick, Esq.

Name of Contact Person

at ( 941 )

366-8100

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

# ICARD MERRILL

ATTORNEYS & COUNSELORS

Bruce P. Chapnick  
Attorney At Law

2033 Main Street  
Suite 600  
Sarasota, FL 34237  
941.366.8100  
Direct: 941.552.3889  
Fax: 941.366.6384  
bchapnick@icardmerrill.com

icardmerrill.com

May 28, 2015

**VIA FEDERAL EXPRESS/  
TWO-DAY DELIVERY**

Florida Department of State  
Attn: Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Hannington Limited Partnership  
FL Document No.: A96000001532  
Our File No.: 66918-105509

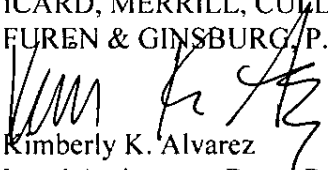
Dear Sir or Madam:

Enclosed please find the Limited Partnership or Limited Liability Limited Partnership Statement of Change of Registered Office or Registered Agent, or Both for *Hannington Limited Partnership* for filing with the Florida Department of State, together with our firm check (no. 86798) in the amount of Thirty Five and 00/100 Dollars (\$35.00) representing the filing fee.

Please forward the filing acknowledgment to our office: Bruce P. Chapnick, Esq., Icard Merrill, 2033 Main Street, Suite 600, Sarasota, FL 34237.

Should you have any questions, please do not hesitate to contact me. Thank you.

Cordially,  
ICARD, MERRILL, CULLIS, TIMM,  
FUREN & GINSBURG, P.A.

  
Kimberly K. Alvarez  
Legal Assistant to Bruce P. Chapnick

BPC/ka  
w/enc.

**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. Hannington Limited Partnership  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/16/1996  
Date of filing/registration in Florida

3. A96000001532  
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:

Lawrence S. Cohen  
Name

1901 Hansen Street  
Address

Sarasota, FL 34231  
City, State and Zip

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

Eliot H. Cohen  
Name

3300 NE 36th Street, #1617  
Florida street address (P.O. Box not acceptable)

Fort Lauderdale FL 33308  
City, State and Zip

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

Barbara C. Sweeney Co. Trustee  
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.*

Eliot H. Cohen  
Signature of Registered Agent

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

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15 JUN - 1 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA