

A 96000001635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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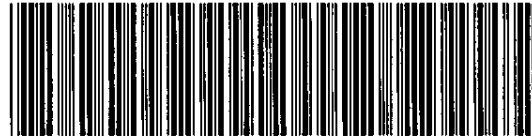
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CITADEL PARTNERS. LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A96000001635

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:

TAMARA MARSHALL
Contact Person
GRINDLE MANAGEMENT COMPANY, INC.
Firm/Company
3592 DEER OAK CIRCLE
Address
OVIEDO, FL 32766
City, State and Zip Code
TAMMARSHALL81@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAMARA MARSHALL at (407) 247-9204
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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FL

**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. CITADEL PARTNERS. LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/29/1996 3. A96000001635
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:

ARTHUR EJR. GRINDLE
Name

406 LARGOVISTA DR
Address

OAKLAND, FL 34787
City, State and Zip

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

TAMARA MARSHALL
Name

3592 DEER OAK CIRCLE
Florida street address (P.O. Box not acceptable)

OVIEDO FL 32766
City, State and Zip

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

[Signature] Tamara Marshall, Grindell
Signature of General Partner Management Company, Inc.

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.

[Signature] Tamara Marshall, President
Signature of Registered Agent

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

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