

A96000002021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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A96-2021

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2006

CAROL BELASCO
1250 E. HALLANDALE BEACH BLVD.
SUITE 904
HALLANDALE BEACH, FL 33009

SUBJECT: DPB ORIOLE LIMITED
Ref. Number: A96000002021

We have received your document for DPB ORIOLE LIMITED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form. Verify the present registered agent information it does not match our records.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 006A00042918

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: DPB Oriole Limited

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A96 000002021

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:

CAROL BELASCO

(Contact Person)

—
(Firm/Company)

1250 E. Hallandale Beach Blvd., Suite 904
(Address)

Hallandale, Florida 33009
(City, State and Zip Code)

For further information concerning this matter, please call:

CAROL BELASCO

(Name of Contact Person)

at (954) 456-7255

(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

INHS04 (01/06)

**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. DPB Oriole Limited
Name of Limited Partnership or Limited Liability Limited Partnership
2. 10-29-1996 3. A96000002021
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:

Corpro, Inc.
Name
2699 South Bayshore Drive, 7th Floor
Address
Miami, Florida 33133
City, State and Zip

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

CAROL BELASCO
Name
1250 E. Hallandale Beach Blvd, Suite 904
Florida street address (P.O. Box not acceptable)
Hallandale FL 33009
City, State and Zip

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

DPB Oriole Limited
[Signature]
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.

Carol Belasco
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA