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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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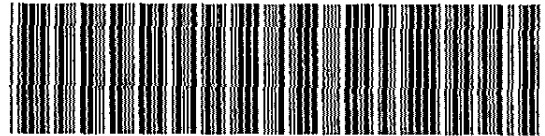
(Business Entity Name)

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A96-2435
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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Sara Smith Family Partnership, Ltd.

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A96000002435

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:

JoAnn Leigh Gramm, Esq.

(Contact Person)

(Firm/Company)

12276 San Jose Blvd., Suite 126

(Address)

Jacksonville, FL 32223 -3630

(City, State and Zip Code)

For further information concerning this matter, please call:

JoAnn Leigh Gramm at (904) 886-2848

(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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TALLAHASSEE, FL 32301

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**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. Sara Smith Family Partnership, Ltd.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/123/1996

Date of filing/registration in Florida

3. A96000002435

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:

James V. Walker

Name

217 PONTE VEDRA PARK DR

Address

PONTE VEDRA BCH FL 32082

City, State and Zip

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

JoAnn Leigh Gramm, Esq.

Name

12276 San Jose Blvd., Suite 126

Florida street address (P.O. Box not acceptable)

Jacksonville FL 32223-3630

City, State and Zip

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

Sara L Smith
Signature of General Partner

AS PRESIDENT OF
SMITH PARTNERS, INC.
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.

JoAnn Leigh Gramm
Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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