

A97 000000022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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11 MAR 17 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLANGELO FAMILY LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A 97000000022

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:

LAURA ALLEN

Contact Person

DUGGAN, JOINER & COMPANY

Firm/Company

334 N.W. 3RD AVENUE

Address

OCALA, FL 34475

City, State and Zip Code

LJA@DJCCCPA.COM

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

For further information concerning this matter, please call:

LAURA ALLEN

Name of Contact Person

at (352) 732-0171

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

**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. COLANGELO FAMILY LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/31/96

Date of filing/registration in Florida

3. A97006000022

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:

JEFFREY L. SAUEY

Name

1721 S.E. 16TH AVENUE, SUITE 101

Address

Ocala, FL 34471

City, State and Zip

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

ALBERT V. COLANGELO

Name

9136 S.E. 72ND AVENUE

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

Ocala, FL FL 34472

City, State and Zip

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

✓ 
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 an accept the obligations of my position as registered agent.

✓ 
Signature of Registered Agent

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

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