

A97000000342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

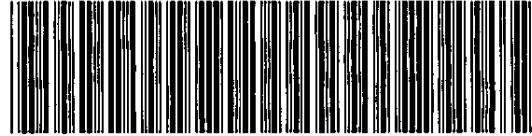
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

fee due \$35

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10/05/15--01019--020 **52.50

11/03/15--01005--002 **35.00

FILED
2015 OCT 30 P 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2015

LAUREL J. HERGERT
20 COMMUNITY PLACE
MORRISTOWN, NJ 07960

SUBJECT: BROOKSIDE ASSOCIATES II, LTD.
Ref. Number: A97000000342

We have received your document for BROOKSIDE ASSOCIATES II, LTD. and your check(s) totaling \$52.50. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$35.00.

FILING FEE IS \$35.00 CERTIFIED COPY AN ADDITIONAL \$ 52.50

Please return 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) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 715A00021358

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brookside Associates II, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A97000000342

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:

Laurel J. Hergert

Contact Person

Brookside Associates II, Ltd.

Firm/Company

20 Community Place

Address

Morristown, NJ 07960

City, State and Zip Code

ljhergert@richardsandrobbs.com

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

For further information concerning this matter, please call:

Laurel J. Hergert

Name of Contact Person

at (973)

539-1451

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. Brookside Associates II, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership
2. February 6, 1997
Date of filing/registration in Florida
3. A97000000342
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:

Judith Richards
Name

19451 Cedar Glen Drive
Address

Boca Raton, FL 33434
City, State and Zip

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

David Richards
Name

3626 Fair Oaks Place
Florida street address (P.O. Box not acceptable)

Long Boat Key FL 34228
City, State and Zip

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TALLAHASSEE, FLORIDA

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

Eric Folbin, President of General Partners
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.

[Signature]
Signature of Registered Agent

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