

A97000000770

(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:

Office Use Only



400259253854

04/22/14--01021--011 \*\*35.00

FILED

14 APR 22 AM 10:07

CLERK OF STATE  
TALLAHASSEE, FLORIDA

APR 28 2014

T. BROWN

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE PLATTS FAMILY LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A97000000770

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:

Hunter B. Craig, Esquire

Contact Person

Witte & Craig, P.A.

Firm/Company

201 S.E. 24th Avenue

Address

Pompano Beach, FL 33062

City, State and Zip Code

hbcraig@witteandcraig.com

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

For further information concerning this matter, please call:

Hunter B. Craig, Esquire

Name of Contact Person

at ( 954 ) 941-5533

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

**WITTE & CRAIG, P.A.**

*Attorneys at Law*

**LARRY F. WITTE**

Board Certified Wills, Trusts & Estates Law

**HUNTER B. CRAIG**

Board Certified Real Estate Law

**201 SOUTHEAST 24<sup>th</sup> AVENUE  
POMPANO BEACH, FLORIDA 33062**

**TEL. (954) 941-5533**

**FAX (954) 942-0146**

April 18, 2014

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir / Madam:

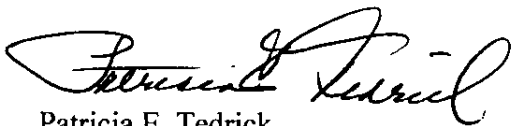
Enclosed please find the Statement of Change of Registered Office and Registered Agent on two Limited Partnerships:

The Platts Family Limited Partnership, and  
The Platts Family Limited Partnership No. II

Also included are two checks for their filing fees, each in the amount of \$35.00, for a total of \$70.00.

If you need anything further, please feel free to contact me.

Best regards,



Patricia E. Tedrick  
Assistant to Hunter B. Craig

/pet

Enclosures (6)

**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. THE PLATTS FAMILY LIMITED PARTNERSHIP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 04/04/1997 3. A97000000770  
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:

NEWMAN, THOMAS L ESQUIRE  
Name

1877 S FEDERAL HIGHWAY, SUITE 304  
Address

BOCA RATON, FL 33432  
City, State and Zip

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

Hunter B. Craig, Esquire  
Name

201 S.E. 24th Avenue  
Florida street address (P.O. Box not acceptable)

Pompano Beach FL 33062  
City, State and Zip

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

Debra A. Platts  
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.*

Hunter B. Craig  
Signature of Registered Agent

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

**FILED**  
14 APR 22 AM 10:07  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA