

A97000000938

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(Address)

(Address)

(City/State/Zip/Phone #)

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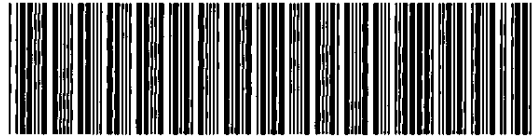
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT:

FASC Realty LLP

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER:

A97000000938

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:

Barbara Alfaro

(Contact Person)

Stainsafe

(Firm/Company)

354 Hiatt Drive

(Address)

Palm Beach Gardens, FL 33478

(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Barbara Alfaro

(Name of Contact Person)

at

(501) 622-4260 x106

(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. FASK Realty LLP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. \_\_\_\_\_  
Date of filing/registration in Florida
3. A97000000D938  
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:

Friedman, Steven  
Name  
24 Bermuda Lake Drive  
Address  
Palm Beach Gardens, FL 33418  
City, State and Zip

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

MICHAEL SCHICKLE  
Name  
505 S FLAGLER DR, Suite 1400  
Florida street address (P.O. Box not acceptable)  
WEST PALM BEACH FL 33401  
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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