

A97000001187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

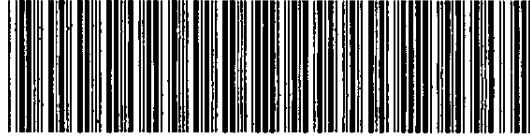
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Juanita Hermes **GAVE**
AUTHORIZATION BY PHONE TO
CORRECT name removal
DATE 4/7/16
DOC. EXAM JH

Office Use Only



400284071914

04/04/16--01042--027 **52.50

FILED
16 APR -4 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 07 2016
J. HARRIS

March 30, 2016

To: Florida Department of State
Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee FL 32314

From: Juanita Hermes, GP
Hermes Ventures LLLP

Re: Hermes Ventures LLLP
FL document number: A97000001187
Removal of General Partner
Change of mailing address

Enclosed are the following items:

Certificate of Amendment to the above LLLP due
to the death of my husband, James P. Hermes, GP,
and change of new mailing address.

A copy of the death certificate

A check for \$52.50 for the filing fee

If you require anything else, please contact me as follows:

Juanita Hermes, GP
Phone: (239) 593-0490
or cell: (239) 287-2548
1088 Grand Isle Drive
Naples FL 34108

I will appreciate your prompt handling of this matter so I can file for the
annual renewal before May 1.

A handwritten signature in cursive script that reads "Juanita Hermes". The signature is written in black ink and is positioned at the bottom of the page, below the typed name and contact information.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hermes Ventures LLP
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Juanita Hermes
Contact Person

1088 Grand Isle Drive
Firm/Company
Address

Naples FL 34108
City, State and Zip Code

beachgaljj@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juanita Hermes at (239) 593-0490
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$52.50 Filing Fee ☐ \$61.25 Filing Fee and Certificate of Status ☐ \$105.00 Filing Fee and Certified Copy ☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status

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

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

Hermes Ventures LLLP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on January 18, 2002, assigned Florida document number A97000001187, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

N/A

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:
(Must be STREET address)

N/A

New Mailing Address:
(May be post office box)

1088 Grand Isle Dr.
Naples FL 34108

C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

_____, Florida

City

FILED
16 APR -4 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GP	James	16032 Trebbio Way Naples FL 34110	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

16 APR - 4 09 12:07
FILED
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE STATE OF FLORIDA
NAPLES COUNTY

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- ☒ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: *If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.*)

F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

James P. Hermes is being removed as GP due to death.

Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

James P. Hermes

Signature(s) of all new or dissociating general partner(s), if any:

N/A

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

FILED
16 APR -4 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2015086931

DATE ISSUED: June 12, 2015

DECEDENT INFORMATION

STATE FILE DATE: June 11, 2015

NAME: JAMES P HERMES

DATE OF DEATH: June 5, 2015

SEX: MALE

SSN: 287-36-0439

AGE: 074 YEARS

DATE OF BIRTH: May 2, 1941

BIRTHPLACE: YOUNGSTOWN, OHIO, UNITED STATES

PLACE OF DEATH: INPATIENT

FACILITY NAME OR STREET ADDRESS: NORTH COLLIER HOSPITAL

LOCATION OF DEATH: NAPLES, COLLIER COUNTY, 34110

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: MARRIED

SPOUSE (IF FEMALE, MAIDEN NAME): JUANITA HECKMAN

RESIDENCE: 16032 TREBBIO WAY, NAPLES, FLORIDA 34110, UNITED STATES

COUNTY: COLLIER

OCCUPATION, INDUSTRY: BANKER, FINANCE

RACE: ☒ X White ☐ Black or African American ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Native Hawaiian ☐ Japanese ☐ Korean
☐ American Indian or Alaskan Native-Tribe: ☐ Vietnamese ☐ Other Asian:
☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Isl ☐ Other: ☐ Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

EVER IN U.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER: ALFRED HERMES

MOTHER: LUCILLE PIPER

INFORMANT: JUANITA HERMES

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 16032 TREBBIO WAY, NAPLES, FLORIDA 34110, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: GULF COAST CREMATION SERVICES

NAPLES, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: MARCELLA NADOLNY, F055543

FUNERAL FACILITY: FULLER FUNERAL HOME-CREMATION SVC- PINE RIDGE F060694

1625 PINE RIDGE RD, NAPLES, FLORIDA 34109

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 1106

CERTIFIER'S NAME: MARK EARL JOSEPHSON

CERTIFIER'S LICENSE NUMBER: ME87490

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL

CAUSE OF DEATH - PART I - and Approximate Interval: Onset to Death:

a ASYSTOLE DUE TO ELECTROLYTE ABNORMALITIES

b PANCREATIC CANCER WITH LIVER METASTASIS

c ON CHEMOTHERAPY

d

MINUTES

MONTHS

PART II - Other significant conditions contributing to death but not resulting in the underlying cause given in PART I:

PACEMAKER, POLYTOPIA, HYPOXIA, COPD, SLEEP APNEA, ATRIAL FIBRILLATION

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? PROBABLY

REASON FOR SURGERY:

IF FEMALE, NOT APPLICABLE

VOID IF ALTERED OR ERASED

MARITAL STATUS: **MARRIED**

SPOUSE (IF FEMALE, MAIDEN NAME): **JUANITA HECKMAN**

RESIDENCE: **16032 TREBBIO WAY, NAPLES, FLORIDA 34110, UNITED STATES**

COUNTY: **COLLIER**

OCCUPATION: **INDUSTRY: BANKER, FINANCE**

RACE: ☒ White ☐ Black or African American ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Native Hawaiian ☐ Japanese ☐ Korean
☐ American Indian or Alaskan Native-Tribe: ☐ Vietnamese ☐ Other Asian:
☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Isl: ☐ Other: ☐ Unknown

HISPANIC OR HAITIAN ORIGIN? **NO; NOT OF HISPANIC/HAITIAN ORIGIN**

EDUCATION: **SOME COLLEGE CREDIT, BUT NO DEGREE**

EVER IN U.S. ARMED FORCES? **NO**

PARENTS AND INFORMANT INFORMATION

FATHER: **ALFRED HERMES**

MOTHER: **LUCILLE PIPER**

INFORMANT: **JUANITA HERMES**

RELATIONSHIP TO DECEDENT: **WIFE**

INFORMANT'S ADDRESS: **16032 TREBBIO WAY, NAPLES, FLORIDA 34110, UNITED STATES**

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: **GULF COAST CREMATION SERVICES
NAPLES, FLORIDA**

METHOD OF DISPOSITION: **CREMATION**

FUNERAL DIRECTOR/LICENSE NUMBER: **MARCELLA NADOLNY, F055543**

FUNERAL FACILITY: **FULLER FUNERAL HOME-CREMATION SVC- PINE RIDGE F060694
1625 PINE RIDGE RD, NAPLES, FLORIDA 34109**

CERTIFIER INFORMATION

TYPE OF CERTIFIER: **CERTIFYING PHYSICIAN**

MEDICAL EXAMINER CASE NUMBER: **NOT APPLICABLE**

TIME OF DEATH (24 hr): **1106**

CERTIFIER'S NAME: **MARK EARL JOSEPHSON**

CERTIFIER'S LICENSE NUMBER: **ME87490**

NAME OF ATTENDING PHYSICIAN (If other than Certifier): **NOT APPLICABLE**

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: **NATURAL**

CAUSE OF DEATH: **PART I: and Approximate Interval: Onset to Death:**

a **ASYSTOLE DUE TO ELECTROLYTE ABNORMALITIES**

b **PANCREATIC CANCER WITH LIVER METASTASIS**

c **ON CHEMOTHERAPY**

d

MINUTES

MONTHS

PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I:

PACEMAKER; POLYTOPIA; HYPOXIA; COPD; SLEEP APNEA; ATRIAL FIBRILLATION

AUTOPSY PERFORMED? **NO**

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? **PROBABLY**

REASON FOR SURGERY:

IF FEMALE: **NOT APPLICABLE**

DATE OF INJURY: **NOT APPLICABLE**

TIME OF INJURY (24 hr)

INJURY AT WORK?

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

IF TRANSPORTATION INJURY, Status of Decedent:

Type of Vehicle:

Ken Jones

State Registrar

REQ: 2016034575

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.



DH FORM 1947 (03-13)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED