

A97000001566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

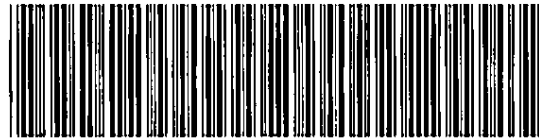
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/22/18--01023--008 **25.00

11/15/18--01007--002 **27.50

FILED

2018 NOV 15 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FL

Handwritten notes: 11-15-18, 11-15-18, 11-15-18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2018

Daivd Krop
Mandlkrop, Ltd.
9601 Collins Ave., #1710
Bal Harbour, FL 33154

SUBJECT: MANDLKROP, LTD.
Ref. Number: A97000001566

We have received your document for MANDLKROP, LTD. and check(s) totaling \$25.00. However, the document has not been filed and is being returned for the following reason(s):

There is a balance due of \$27.50. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a limited liability company, but your entity is a limited partnership. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Lyn Shoffstall
Bureau Chief

Letter Number: 918A00022509

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MANDLKROP, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A97000001566

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:

DAVID KROP
Contact Person
MANDLKROP, LTD.
Firm/Company
9601 COLLINS AVE, #1710
Address
BAL HARBOUR, FL 33154
City, State and Zip Code
davidkrop@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Krop at (305) 632-6600
Name of Contact Person 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

FILED

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH

NOV 15 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FL

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. MANDLKROP, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 07/16/1997 3. A97000001566
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:

MICHAEL M KROP
Name
9601 COLLINS AVE, #1710
Address
BAL HARBOUR, FL 33154
City, State and Zip

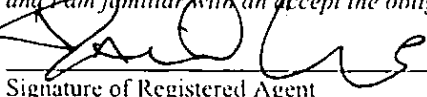
5. The name and Florida street address of the new registered agent and/or office:

DAVID KROP
Name
9601 COLLINS AVE, #1710
Florida street address (P.O. Box not acceptable)
BAL HARBOUR FL 33154
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 and accept the obligations of my position as registered agent.


Signature of Registered Agent

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