A9100001589

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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-SECKETARY OF STATE
TALL-AHASSEE, FLORIOA

T. CLINE

SEP 23 2011

EXAMINER 39



September 14, 2011

ALL THREE LTD 141 NW 20TH ST F-2 BOCA RATON, FL 33431

SUBJECT: ALL THREE LTD. Ref. Number: A97000001589

We have received your document for ALL THREE LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with 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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 711A0002128ELARY OF STANASSEE, FLO

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: All The	ee Ltd. ship or Limited Liability Limited Partnership	
DOCUMENT NUMBER: A 91	7000001589	
The enclosed Statement of Change of Refee(s) are submitted for filing.	gistered Office and/or Registered Agent and	
Please return all correspondence concern	ing this matter to:	
Doma Whiterer Contact Person	or Alan Margolis	
All Three L+I Firm/Company		
141 NW 20th St S	inte Fa	
Boca Raton F1 City, State and Zip Code	38431 SEP 22	*****
E-mail address: (to be used for future annual	Treport notification)	
For further information concerning this m		
Doma Wheterer Name of Contact Person	at (56) 338-3426 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	MAILING ADDRESS: Registration Section Division of Corporations	
Clifton Building	P. O. Box 6327	
2661 Executive Center Circle	Tallahassee FL 30314	

Tallahassee, FL 32301

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. HI Ihree LtD
Name of Limited Partnership or Limited Liability Limited Partnership
2. 2/22/97 3. A970000/589 Date of filing/registration in Florida 3. 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:
141 NW 20th St F-2
City, State and Zip
5. The name and Florida street address of the new registered agent and/or office: David Margolis Name Name
ICH DIE JAK ST EJ ES E
Florida street address (P.O. Box not acceptable) Boca Rahm FL 33431 City, State and Zip
6. Such change(s) b/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.
<u> </u>

Signature of Registered Agent

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