

A980000000068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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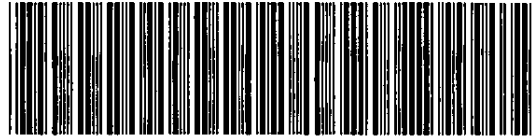
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

DEC 12 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 DEC -9 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 19, 2016

VALORIE C SHERROD
1223 NW 98 ST.
GAINESVILLE, FL 32606

SUBJECT: VAN WINKLE FAMILY PARTNERSHIP, LTD.
Ref. Number: A98000000068

We have received your document for VAN WINKLE FAMILY PARTNERSHIP, 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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 716A00022522

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VanWinkle Family Partnership, Ltd
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A98000000068

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:

Valorie Sherrod
Contact Person

Firm/Company
1223 NW 98 Street
Address

Gainesville FL 32606
City, State and Zip Code

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

For further information concerning this matter, please call:

Valorie Sherrod at (352) 317-8223
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

**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. VanWinkle Family Partnership, LTD
Name of Limited Partnership or Limited Liability Limited Partnership
2. 12/05/97 3. A98000000068
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:

Walsh, Mary CPA
Name
5931 NW 1st Place
Address
Gainesville FL 32607-2063
City, State and Zip

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

Valerie Sherrod
Name
1223 NW 98 Street
Florida street address (P.O. Box not acceptable)
Gainesville FL 32606
City, State and Zip

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

[Signature]
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]
Signature of Registered Agent

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA