

A95000000200

(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:

L. SELLERS

NOV 16 2011

EXAMINER

Office Use Only



600214082106

11/14/11--01019--017 **35.00

FILED

11 NOV 14 PM 7:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATCHEZ RESORT 1997 LTD
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A98000000200

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:

Michael J. Liss

Contact Person

Firm/Company

P.O. Box 812281

Address

Boca Raton, FL 33481

City, State and Zip Code

mjliss1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL J. LISS

Name of Contact Person

at (561)

302-8667

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. NATCHEZ RESORT 1997 LTD
Name of Limited Partnership or Limited Liability Limited Partnership
2. 1/21/1998 3. A98000000200
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:

GARY S PHILLIPS
Name
4000 PRESIDENTIAL CIRCLE-500N
Address
HOLLYWOOD, FL 33021
City, State and Zip

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

MICHAEL J. LISS
Name
5226 SAPPHIRE VALLEY
Florida street address (P.O. Box not acceptable)
BOCA RATON FL 33486
City, State and Zip

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


Signature of General Partner

Attorney in Fact for Lawrence Saks

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

FILED
11 NOV 14 PM 7:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA