

A98000000405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

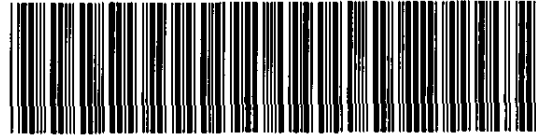
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000185839550

10/21/10--01003--010 \*\*105.00

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10 OCT 21 AM 10:02

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

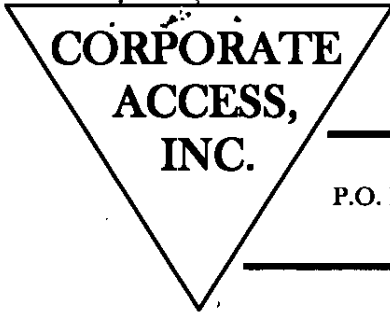
B. KOHR

OCT 22 2010

EXAMINER

10 OCT 22 PM 2:45

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



*When you need ACCESS to the world*

236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

## WALK IN

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SECRETARY OF STATE  
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- ☐ CERTIFIED COPY
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Amend

1. Park Villas Associates, Ltd.  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

### SPECIAL INSTRUCTIONS:

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 21, 2010

CORPORATE ACCESS

TALLAHASSEE, FL

SUBJECT: PARK VILLAS ASSOCIATES, LTD.  
Ref. Number: A98000000405

*Corrected  
&  
Resubmitted  
10/22*

We have received your document for PARK VILLAS ASSOCIATES, 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):

Please note that we have RETAINED your \$35.00 payment.

A GENERAL PARTNER MUST SIGN in Item 6.

Also, please enter the correct document number -- A98000000405 -- in Item 3.

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) 245-6914.

Buck Kohr  
Regulatory Specialist II

Letter Number: 710A00024921

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RECEIVED  
10 OCT 22 AM 10:18  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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. Park Villas Associates, Ltd.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 02/11/1998

Date of filing/registration in Florida

3. 650889445

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:

CT Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

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

NRAI Services, Inc. Lori Stuhlman, Asst. Sec.

Name

2731 Executive Park Drive, Suite 4

Florida street address (P.O. Box not acceptable)

Weston

FL 33331

City, State and Zip

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

Kathleen Durkin  
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.*  
NRAI Services, Inc. Lori Stuhlman, Asst. Sec.

by: Lori Stuhlman  
Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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