

A 98000001308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

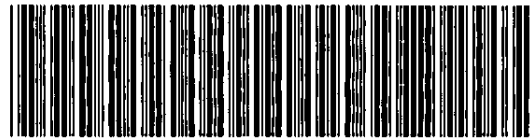
(Business Entity Name)

(Document Number)

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FALL ANASSE, FLORIDA

B. BOSTICK

OCT 24 2013

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Latin Quarter Orlando, Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A98000001308

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:

Hal K. Litchford

Contact Person

Baker, Donelson, Bearman, Caldwell & Berkowitz, PC

Firm/Company

P. O. Box 1549

Address

Orlando, FL 32802

City, State and Zip Code

hlitchford@bakerdonelson.com

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

For further information concerning this matter, please call:

Hal Litchford

Name of Contact Person

at ( 407 )

422-6600

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

2013 OCT 23 PM 5:37  
TALLAHASSEE, FL 32314  
RECEIVED  
DIVISION OF CORPORATIONS  
STATE OF 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. Latin Quarter Orlando, Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 05/27/1998 3. A98000001308  
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:

Hal K. Litchford  
Name  
390 North Orange Ave., Suite 1875  
Address  
Orlando, FL 32801  
City, State and Zip

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

Hal K. Litchford  
Name  
200 South Orange Ave., Suite 2900  
Florida street address (P.O. Box not acceptable)  
Orlando FL 32801  
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 an 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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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 9, 2013

HAL K. LITCHFORD  
BAKER, DONELSON, BEARMAN, CALDWELL & BER  
POST OFFICE BOX 1549  
ORLANDO, FL 32802

SUBJECT: LATIN QUARTER ORLANDO, LTD.  
Ref. Number: A98000001308

We have received your document for LATIN QUARTER ORLANDO, LTD. and your check(s) totaling \$105.00. 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.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 613A00023752

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TALLAHASSEE, FLORIDA