## A98000001429

(Re	equestor's Name)
(Ad	ddress)
(Ad	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
·	Certificates of Status
Special Instructions to	Filing Officer:
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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

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## **COVER LETTER**

TO: Amendment Section Division of Corporations Security Storage Limited Partnership SUBJECT: Name of Limited Partnership or Limited Liability Limited Partnership **DOCUMENT NUMBER:** <u>A98000001429</u> The enclosed Resignation of Registered Agent and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Pat Gessel Contact Person Patricia Gessel Attorney at Law Firm/Company 99530 Overseas Highway, #2 Address Key Largo, FL 33037 City, State and Zip Code pgessel@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Patricia Gessel, Esq. Area Code and Daytime Telephone Number Name of Contact Person Enclosed is a check made payable to the Florida Department of State for: \$87.50 Filing Fee \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee) STREET ADDRESS: **MAILING ADDRESS:** Amendment Section Amendment Section Division of Corporations **Division of Corporations** 

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

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.

l. <u> </u>	Security Storage Li	mited Part	nership		
N	lame of Limited Partnership or Limi	ted Liability Lin	nited Partnership		
2.	06/10/1998	3.	A9800000		
Date of filir	Date of filing/registration in Florida		Florida document number		
4. The name of the Department of State	registered agent and the registered o :	ffice address as	shown on the reco	rds of the Florida	
	Wendy K	Curfist			
	Name	•			
	102411 Overse	as Highway			
	Addre	SS			
	Key Largo, FL 33037			7. 2	
	City, State a	and Zip			
5. The name and Fl	orida street address of the new regist	tered agent and/	or office:	2014 FEB 12 SEBRETARY ALLAHASSE	
	Shawn T	olley		SE N	
	Namo	e		E. P.	
	102411 Overse	as Highway		SIA COR	
	Florida street address (P.C	). Box not accep	table)	ATE RID.	
	Key Largo	FL	33037	\$.	
	City, State a				
6 Such change(s) is	s/are effective when filed by the Flor	rida Denartment	of State		
o. Such change(s) is		nda Department	or state.		
	10				
Signature of Genera	ll Partner				
comply with the pro	appointment as registered agent and visions of a <del>ll statu</del> tes relative to the ith an accept the obligations of my p	proper and com	plete performance		
Signature of Registe	ered Agent				
Filing Fee:	\$35.00				

Certified Copy (optional): \$52.50