

A98 000002103

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(Address)

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TO: Registration Section
Division of Corporations

SUBJECT: 67 Newtown Lane Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A98000002103

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:

Janice Z. Ridenour

Contact Person

J. Zollo and Associates

Firm/Company

6114 Okeechobee Blvd, Suite 203

Address

West Palm Beach, FL 33417

City, State and Zip Code

kim@jzolloinc.com

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

For further information concerning this matter, please call:

Janice Z. Ridenour

Name of Contact Person

at (561) 969 7088

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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. 167 Newtown Lane Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

2. 09/10/1988
Date of filing/registration in Florida

3. A98000002103
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:

J. Zollo and Associates
Name

5114 Okeechobee Blvd, Suite 203
Address

West Palm Beach, FL 33417
City, State and Zip

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

J. Zollo and Associates
Name

5114 Okeechobee Blvd, Suite 203
Florida street address (P.O. Box not acceptable)

West Palm Beach, FL 33417
City, State and Zip

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

Robert Lowenstein
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.

Quinn Zoller
Signature of Registered Agent

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