

A99000000005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 14 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GIANOLIO, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A99000000005

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:

JACK W. LEE

Contact Person

Firm/Company

5699 FROST LANE

Address

DELRAY BEACH, FL 33484

City, State and Zip Code

MML@PUCPA.COM

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

For further information concerning this matter, please call:

JACK W. LEE

Name of Contact Person

at (561)

706-1016

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

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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. GIANOLIO, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 1/5/1999 3. A990000000005
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:

MARY ALICE GIANOLIO
Name
5699 FROST LANE
Address
DELRAY BEACH, FL 33484
City, State and Zip

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

JACK W. LEE
Name
5699 FROST LANE
Florida street address (P.O. Box not acceptable)
DELRAY BEACH FL 33484
City, State and Zip

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

Jack W. Lee
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.

Jack W. Lee
Signature of Registered Agent

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

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