

A99000000385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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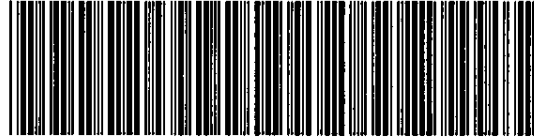
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE

MAR 12 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brentice Pentel Family Partnership Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A99 000000385

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:

LAURANCE PENTEL
Contact Person

Firm/Company

108 Silverleaf Ln.
Address

SANTA ROSA Bch, FL 32459
City, State and Zip Code

CAPTDEADFISH@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURANCE PENTEL at (850) 685-1092
Name of Contact Person 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

**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. Bearline Pentel Family Partnership Ltd
Name of Limited Partnership or Limited Liability Limited Partnership

2. 03/09/1999
Date of filing/registration in Florida

3. A99000000385
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:

LAURANCE PENTEL
Name

58 Lake Pointe Dr.
Address

Santa Rosa Bch, FL 32459
City, State and Zip

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

LAURANCE PENTEL
Name

108 Silverleaf Ln
Florida street address (P.O. Box not acceptable)

Santa Rosa Bch FL 32459
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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA