

A99 000000514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. OLIVE

FEB 17 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2009

CLARENCE D. BAIN, III
P.O. BOX 51285
SARASOTA, FL 34232-0331

SUBJECT: BOWLES FARM LIMITED PARTNERSHIP
Ref. Number: A99000000514

We have received your document for BOWLES FARM LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms 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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 109A00003474

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOWLES FARM LIMITED PARTNERSHIP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

CURENCE D. BAIN, III
(Contact Person)

BOWLES FARM LIMITED PARTNERSHIP
(Firm/Company)

P.O. Box 51285
(Address)

SARASOTA, FLORIDA 34232-0331
(City, State and Zip Code)

For further information concerning this matter, please call:

CURENCE BAIN at (941) 312-4748
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

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
SECRETARY OF STATE

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**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

BOWLES FARM LIMITED PARTNERSHIP

(Insert name currently on file with Florida Department of State)

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on MARCH 25, 1999, assigned Florida document number A99 000 000 514, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

(New name must be distinguishable and contain an acceptable suffix.)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:

(Must be **STREET** address)

8268 BARTON FARMS BLVD.

SARASOTA, FLORIDA

34240

New Mailing Address:

(May be post office box)

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TALLAHASSEE, FLORIDA

C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CLARENCE D. BAIN, III

New Registered Office Address:

8268 BARTON FARMS BLVD.

(Enter Florida street address)

SARASOTA

(City)

Florida 34240

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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.

Ch. Bain

(If Changing Registered Agent, Signature of New Registered Agent)

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GENERAL PARTNER:	ONIDA B. BAIN	2889 GRAZGLAND DR. SARASOTA, FL 34240	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GENERAL PARTNER:	CLARENCE D. BAIN, JR.	2889 GRAZGLAND DR. SARASOTA, FL 34240	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GENERAL PARTNER:	CLARENCE D. BAIN, III	8268 BARTON FARM BLVD. SARASOTA, FL 34240	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	REVOCABLE TRUST		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	DATED DECEMBER 17,		
	2004.		
	(GENERAL PARTNER IS AN INDIVIDUAL -		<input type="checkbox"/> Add
	DO NOT USE THE TRUST AS GENERAL		<input checked="" type="checkbox"/> Remove
	PARTNER)		
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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JAN 11 2009
AM 8:15
CLERK OF COURT
SARASOTA COUNTY
FLORIDA

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: January 8, 2009 DATE OF FILING
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

Cliff Bailey GENERAL PARTNER

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TALLAHASSEE, FLORIDA

Signature(s) of all new or dissociating general partner(s), if any:

Cliff Bailey GENERAL PARTNER

* Onaida B. Bain

* Cliff Bailey

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75