

A99000000663

Requester's Name

2 Allegheny County Report

Address

West Mifflin, PA 15122

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

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-04/15/02--01039--010
*****35.00 *****35.00

02 JUN 18 PM 2:58
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A99-663

OR

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 19, 2002

ANTHONY HOLDINGS INTERNATIONAL
2 ALLEGHENY COUNTY AIRPORE
WEST MIFFLIN, PA 15122

SUBJECT: THE ANTHONY FAMILY LIMITED PARTNERSHIP
Ref. Number: A99000000663

We have received your document for THE ANTHONY FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s)

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 402A00023546

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership organized under the laws of the state of FLORIDA, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. ANTHONY FAMILY LIMITED PARTNERSHIP
Name of the limited partnership
2. 4-23-99 3. A99 000000663
Date of filing/registration in Florida Document number assigned

4. The name and address of the present registered agent and office:

C.T. CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

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TALLAHASSEE, FLORIDA

5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)

BARAY SMOKER
1401 N.E. 10th ST.
POMPADOUR BEACH, FL 33060

Such change was authorized by the general partners.

Natalie R. Miller
Signature of General Partner

6-6-02
Date

Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, 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 obligation of my position as registered agent.

[Signature]
Registered Agent signature

6-13-02
Date

Filing Fee: \$35.00

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