

A99 000000 844

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(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

OCT 13 2008

EXAMINER

A99-844

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: BENJAMIN PARTNERS, LTD

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A99000000844

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:

Dan Bellows

(Contact Person)

BENJAMIN PARTNERS, LTD

(Firm/Company)

PO Box 350

(Address)

Winter Park, FL 32790-0350

(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Dan Bellows

(Name of Contact Person)

at ( 407 ) 644-3151

(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

INHS04 (01/06)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 23, 2008

DANIEL BELLOWS  
PO BOX 350  
WINTER PARK, FL 32790-0350

SUBJECT: BENJAMIN PARTNERS, LTD.  
Ref. Number: A99000000844

We have received your document for BENJAMIN PARTNERS, LTD. 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 or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Regulatory Specialist II

Letter Number: 708A00051185

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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. Benjamin Partners, Ltd  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 5/26/99 3. A99000000 844  
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:

LAURA MOA  
Name  
533 W. New England Ave  
Address  
Winter Park, FL 32789  
City, State and Zip

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

Daniel B. Bollons  
Name  
533 W. New England Ave  
Florida street address (P.O. Box not acceptable)  
Winter Park FL 32789  
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 and 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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TALLAHASSEE, FLORIDA

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