

A99000001635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

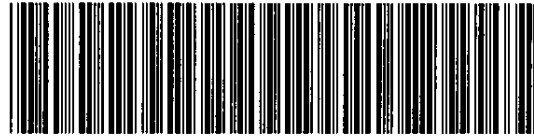
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

NRC

COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: Longwood United LTD

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A99000001635

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:

c/o **Melissa Crowe**

L & J SCHMIER MGMT
6111 Broken Sound PKWY NW
Suite 350
BOCA RATON, FL 33487

(Contact Person)

Longwood United, LTD

(Firm/Company)

6111 Broken Sound Pkwy, NW Ste 350

(Address)

Boca Raton, FL 33487

(City, State and Zip Code)

For further information concerning this matter, please call:

Melissa Crowe

(Name of Contact Person)

at (**561**) **988-1982**

(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)

**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. Longwood United, Ltd

Name of Limited Partnership or Limited Liability Limited Partnership

✓ 2. 10/05/1999

Date of filing/registration in Florida

3. A99000001635

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:

Melissa Crowe

Name

7777 Glades Road, Ste 201

Address

Boca Raton, FL 33434

City, State and Zip

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

Melissa Crowe

Name

6111 Broken Sound Pkwy, NW Ste 350

Florida street address (P.O. Box not acceptable)

Boca Raton, FL FL 33487

City, State and Zip

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

✓ 
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 of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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