

A99000001922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

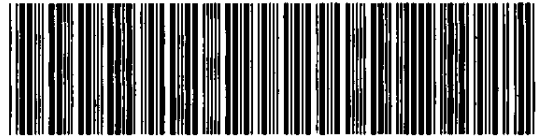
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000163084960

12/03/09--01042--004 **260.00

2009 DEC -3 PM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. LEWIS

DEC 4 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clarmart II Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A99000001922

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:

LeeAnn Carson
Contact Person
Clarmart II LP
Firm/Company
2110 N. Donnelly Street Suite 108
Address
Mt. Dora, FL 32757
City, State and Zip Code
lazaan@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LeeAnn Carson at (352) 508-4381
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. Clarmart II Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership
2. 11/19/1999 3. A99000001922
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:

Mark Carson
Name
24525 CR 44A
Address
Eustis, FL 32736
City, State and Zip


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

Mark Carson
Name
2110 N. Donnelly Street Suite 108
Florida street address (P.O. Box not acceptable)
Mt. Dora FL 32757
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

FILED
2009 DEC -3 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA