

A 9600000 2057

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(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LERIVAP LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A99000002053

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:

Peter Betz

Contact Person

Lerivap Limited Partnership

Firm/Company

501 Goodlette Road N, D100

Address

Naples, FL 34102

City, State and Zip Code

pbetz@argonair.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Betz

Name of Contact Person

at (239)

430-7876

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. LERIVAP LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 12/8/1999 3. A99000002053
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:

Linda Levin
Name
4968 Tamiami Trail N
Address
Naples, FL 34103
City, State and Zip

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

Linda Levin
Name
501 Goodlette Road N, D100
Florida street address (P.O. Box not acceptable)
Naples FL 34102
City, State and Zip

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

By: Lerivap Inc., General Partner By: Linda Levin President
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.

Linda Levin
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50