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FILED
03 JUL 18 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible]

Mailing Address
C/O CLK MANAGEMENT CORP.
9 PARK PLACE
GREAT NECK NY 11021

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name - _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

12. GENERAL PARTNER INFORMATION

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS
-
CITY-ST- ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CONFIRMATION REQUIRED CRAIG KROENIGSBERG 7/10/03 516-446-9440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #