

B02000000321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

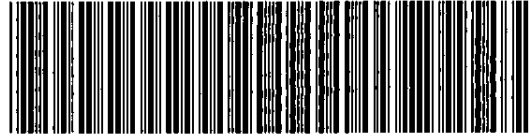
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JUN 7 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PVE Cranes & Services, Ltd
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B02000000321

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:

Dawn Wright

Contact Person

Portnoy cpa

Firm/Company

9283 San Jose Blvd Ste 101

Address

Jacksonville, FL 32209

City, State and Zip Code

dawn@portnoycpa.com

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

For further information concerning this matter, please call:

Dawn Wright

Name of Contact Person

at (904) 731-8005 ext 214

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. PVE Cranes & Services, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 8/26/02 3. B02000000321
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:

Thomas A Wuerdeman
Name
5011 Vernon Road
Address
Jacksonville, FI 32209
City, State and Zip

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

Willem Schieving
Name
5011 Vernon Road
Florida street address (P.O. Box not acceptable)
Jacksonville FL 32209
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 an 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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TALLAHASSEE, FLORIDA