

BU3000000292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

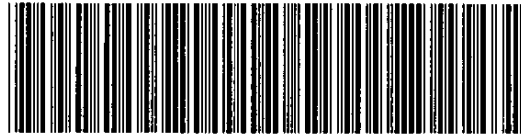
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 26 2015

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Pardo Gainsburg, PL
Attorneys at Law

Elissa Gainsburg
Admitted in FL, NY

Telephone: (305) 358-1001
Facsimile: (305) 358-2001
E-Mail: egainsburg@pardogainsburg.com

August 18, 2015

Via Federal Express
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Mist Towers Limited Partnership – Document # B03000000292

Dear Sirs:

The enclosed Statement of Change of Registered Agent and fee(s) are submitted for filing.

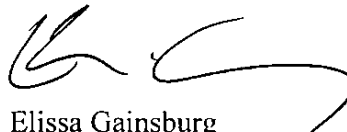
Please return all correspondence concerning this matter to the following:

Elissa Gainsburg, Esq.
Pardo Gainsburg, PL
200 SE 1st Street, Suite 700
Miami, Florida 33131

For further information concerning this matter, please call Elissa Gainsburg, Esq. at 786-800-3342.

Enclosed is a check for the following amount: Thirty-Five Dollar (\$35.00) filing fee.

Sincerely,



Elissa Gainsburg

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mist Towers Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B03000000292

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:

Elissa Gainsburg, Esq.
Contact Person

Pardo Gainsburg, PL
Firm/Company

200 SE 1st Street, Suite 700
Address

Miami, Florida 33131
City, State and Zip Code

egainsburg@pardogainsburg.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elissa Gainsburg at (786) 800-3342
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. Mist Towers Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/21/2003 3. B03000000292
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:

Dean Loisel
Name
888 Biscayne Blvd, suite 101
Address
Miami, Florida 33132
City, State and Zip

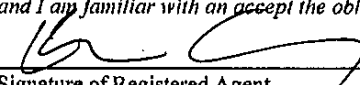
5. The name and Florida street address of the new registered agent and/or office:

Pardo Gainsburg, PL
Name
200 SE 1st Street, Suite 700
Florida street address (P.O. Box not acceptable)
Miami FL 33131
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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TALLAHASSEE, FLORIDA

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