

BO3000000 369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

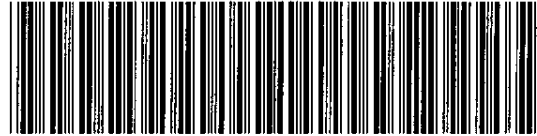
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BO3-369



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04/24/08--01020--015 \*\*25.00

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FILED  
08 MAY - 8 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HIGH POINT PLACE, L.P.  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVEN I. WINER, ESQUIRE  
(Name of Person)

R&A AGENTS, INC.  
(Firm/Company)

2320 FIRST STREET #1000  
(Address)

FORT MYERS, FL 33901  
(City/State and Zip Code)

FILED  
08 MAY - 7 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

STEVEN I. WINER, ESQUIRE at ( 239 ) 338-4213  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 25, 2008

STEVEN I WINER, ESQ  
R&A AGENTS, INC.  
2320 FIRST STREET #1000  
FORT MYERS, FL 33901

SUBJECT: HIGH POINT PLACE L.P.  
Ref. Number: B03000000369

We have received your document for HIGH POINT PLACE L.P. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Regulatory Specialist II

Letter Number: 108A00025210

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY - 7 PM 12:46

FILED

**COVER LETTER**

**TO:** Registration Section

Division of Corporations

**SUBJECT:** HIGH POINT PLACE, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** B03000000369

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:

STEVEN I. WINER, ESQUIRE

(Contact Person)

R&A AGENTS, INC.

(Firm/Company)

2320 FIRST STREET #1000

(Address)

FORT MYERS, FL 33901

(City, State and Zip Code)

For further information concerning this matter, please call:

STEVEN I. WINER, ESQUIRE

(Name of Contact Person)

at ( 239 ) 338-4213

(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

INHS04 (01/06)

FILED  
08 MAY -7 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. HIGH POINT PLACE, L.P.  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 10/31/2003 3. B03000000369  
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:

HL STATUTORY AGENTS, INC.  
800 LAUREL OAK DRIVE  
#600 M&I BUILDING  
Address  
NAPLES, FL 34108  
City, State and Zip

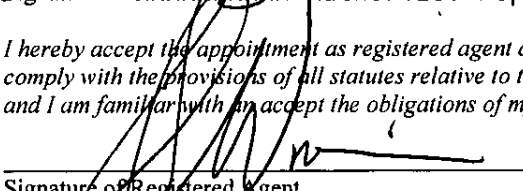
5. The name and Florida street address of the new registered agent and/or office:

R&A AGENTS, INC.  
Name  
ATTN: STEVEN I. WINER, ESQUIRE  
2320 FIRST STREET #1000  
Florida street address (P.O. Box not acceptable)  
FORT MYERS FL 33901  
City, State and Zip

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

  
Signature of ~~General Partner~~ Robert A. Cooper  
Authorized Representative

*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  
08 MAY -7 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA