

B06000000158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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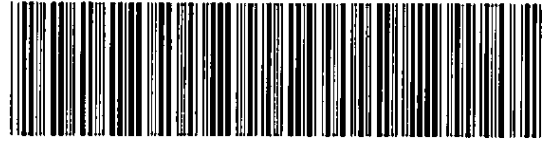
(Business Entity Name)

(Document Number)

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C. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Stot-Lev, LP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** B06000000158

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 Hering

Contact Person

Concord Property Management LLC

Firm/Company

728 SW 4th Street #1

Address

Fort Lauderdale, FL 33312

City, State and Zip Code

stevencprop@gmail.com

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

For further information concerning this matter, please call:

Steven Hering

Name of Contact Person

at ( 954 )

Area Code and Daytime Telephone Number

483-9883

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. Stot-Lev, LP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. \_\_\_\_\_ 3. B06000000158  
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:

Jeffrey B. Smith, ESQ  
Name  
1401 East Broward BLVD, Suite 206  
Address  
Fort Lauderdale, FL 33301  
City, State and Zip

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

\_\_\_\_\_  
Name  
1401 East Broward Blvd, Suite 300  
Florida street address (P.O. Box not acceptable)  
Fort Lauderdale FL 33301  
City, State and Zip

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

Alan Stot-Lev  
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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