

B060000000333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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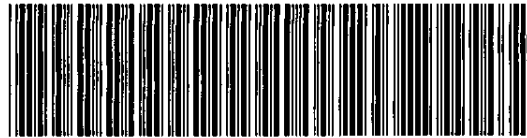
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

AUG 15 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J.A. Rapaport Family Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B06000000333

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:

James Rapaport
Contact Person
J.A. Rapaport Family Management, Inc.
Firm/Company
19372 Cedar Glen Drive
Address
Boca Raton, Florida 33434
City, State and Zip Code
wen4jim@msn.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

James Rapaport at (561) 289-9913
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. J.A. Rapaport Family Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

2. 9/13/06
Date of filing/registration in Florida

3. B06000000333
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:

Resigned

Name

Address

City, State and Zip

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

Alfred F. Gal, Jr. c/o Samouce, Murrell & Gal, P.A.
Name

5405 Park Central Court

Florida street address (P.O. Box not acceptable)

Naples, Florida 34109 FL

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]
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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