

BD600000471

(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

N. Collins FEB - 4 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T. TEXAS SPRINKLER, LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B06000000471

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:

JOSEPH MANDIKI
Contact Person
T. TEXAS SPRINKLER, LP
Firm/Company
609 INDUSTRIAL BLVD
Address
GRAPEVINE, TX 76051
City, State and Zip Code
JMANDIKI@TEXASSPRINKLER.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH MANDIKI at (817) 416-0160
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2010

T. TEXAS SPRINKLER, LP 3RD ML
609 INDUSTRIAL BLVD.
GRAPEVINE, TX 76051

SUBJECT: T. TEXAS SPRINKLER, LP
Ref. Number: B0600000471

We have received your document for T. TEXAS SPRINKLER, LP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

There was no cover letter for this filing I sent to Registered Agents address they say it is the wrong address. Also the NEW Registered Agents name must be listed exactly as it appears on our records.

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

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 810A00002898

RECEIVED
MARCH 10 2010
DIVISION OF CORPORATIONS
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. T. TEXAS SPRINKLER, LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/19/2006 3. B06000000471
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:

CT CORPORATION SYSTEM
Name
1200 SOUTH PINE ISLAND RD
Address
PLANTATION FL 33324
City, State and Zip


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

LIBERTY MUTUAL GROUP, INC
Name
1989 CAPITAL CIRCLE NE
Florida street address (P.O. Box not acceptable)
TALLAHASSEE FL 32308
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