6110000000040

(Re	equestor's Name)				
(Ac	dress)				
(Ac	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bı	isiness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				

Office Use Only



400251412234

09/18/13--01019--013 **35.00

2019 OCT 23 PM 3: 10

OCT 24 2013



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 27, 2013

JOSEFINA JEREZ-TORRES 9450 SUNSET DRIVE MIAMI, FL 33173

SUBJECT: FOUR TOWERS ENTERPRISES L.P.

Ref. Number: B11000000040

We have received your document for FOUR TOWERS ENTERPRISES L.P. and your check(s) totaling \$35.00. 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.

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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 013A00022794

www.sunbiz.org

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	ECT: FOUR TOWER	S ENTER	PRISES, L	.P			
	Name of Limited Partnership or	Limited Liabili	ty Limited Partne	ership			
DOC	UMENT NUMBER:	B110000	000040	_			
	nclosed Statement of Change of Register are submitted for filing.	ed Office and	d/or Registere	d Agent and			
Please	e return all correspondence concerning th	is matter to:					
	FOUR TOWERS RA, LLC		_				
	Contact Person						
	FOUR TOWERS ENTERPRISES	LP					
	Firm/Company		_	<u>;</u>	<u>1</u>	2013	
	9450 SUNSET DRIVE			<u> </u>		200	
	Address		_	i. Ç	1	~-i	4
	MIAMI FLORIDA 33173				S. €	1013 OCT 23 PM 3. 10	
City, State and Zip Code		-	<u> </u>	الا دن	ĸ		
JTORRES@GLOBALBUREAU.COM				<u> </u>	<u>.</u>	4.	
Е	-mail address: (to be used for future annual repor	t notification)	-	الله الله الله الله الله الله الله الله	<u>ت</u> ال	5	
For fu	orther information concerning this matter.	. please call:					
	JOSEFINA JEREZ-TORRES at	305	590	6-3320			
-	Name of Contact Person		nd Daytime Tele	phone Number	r		
Enclo	sed is a \$35.00 check made payable to th	e Florida De	partment of S	tate.			
	EET ADDRESS:		ING ADDRE				
_	tration Section	_	ration Section				
	ion of Corporations on Building		on of Corporat Box 6327	tions			
	n Dulldrig Executive Center Circle		00X 0327 assee FL 323	14			

Tallahassee, FL 32301

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.

ı FOUR TOWER				
Name of Limited Partnership or	r Limited Liability Li	imited Partnership		
2 02/18/2011	3.	B11000000040		
Date of filing/registration in Florida		Florida document number		
4. The name of the registered agent and the registe Department of State:	ered office address as	s shown on the records of the Florida		
FOUR TO	WERS RA, LLC			
	Name			
5600 SW 135TH	I AVENUE SUIT	E 210		
	Address			
MIAMI FL	LORIDA 33183			
City,	State and Zip			
5. The name and Florida street address of the new	registered agent and	/or office:		
FOUR TO	WERS RA, LLC	28		
	Name	WILL AHASS	7	
9450 SU	INSET DRIVE		in the	
Florida street address (P.O. Box not acceptable)				
MIAMI	FL	33173	7	
City,	State and Zip			
6. Such charge(s) is/are effective when filed by the	ne Florida Departmen	(-,	• **	
Les Les Cortes				
Signature of General Purtner				
I hereby accept the appointment as registered ages comply with the provisions of all statutes relative that and Xam familiar with an accept the obligations of Signature of Registered Agent	to the proper and con	nplete performance of my duties,		
Filing Fee: \$35.00				

Certified Copy (optional): \$52.50