

B93066000192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

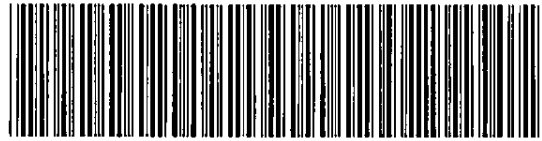
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2025 JUN -3 01 13  
TALLAHASSEE, FL

AB  
7/22/25

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PALM MANAGEMENT ASSOCIATES LIMITED PARTNERSHIP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** B93000000192

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 STOCKER

Contact Person

LOVE REALTY MANAGEMENT CORP.

Firm/Company

550 MAMARONECK AVENUE, SUITE 501

Address

HARRISON, NY 10528

City, State and Zip Code

MAIL@LOVEREALTYGROUP.COM

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

For further information concerning this matter, please call:

JAMES STOCKER

at ( 914 ) 761-8880

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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. PALM MANAGEMENT ASSOCIATES LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 05/03/1993

Date of filing/registration in Florida

3. B93000000192

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:

BCRA, LLC

Name

1905 NW CORPORATE BOULEVARD, SUITE 310

Address

BOCA RATON, FL 33431

City, State and Zip

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

BETHANY HANDELSMAN

Name

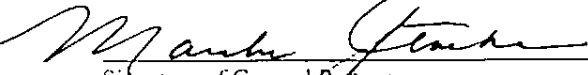
2329 LAFAYETTE AVENUE

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

WINTER PARK FL 32789

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**