## B95000000201

(Re	questor's Name)	
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(City	y/State/Zip/Phone	e #)
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N. Cuttigen JAN 14 2013

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Tampa Bay Are	ented Liability Limited Partnership
DOCUMENT NUMBER: 895000	000 QUI
The enclosed Statement of Change of Registered fee(s) are submitted for filing.	Office and/or Registered Agent and
Please return all correspondence concerning this	matter to:
Danna Haydar	
Contact Person Firm/Company  Arena	<u>P</u>
401 Channelside Dri	<u>ve</u>
Tampa, FL 33	<u>602</u>
City, State and Zip Code  Charles City, State and Zip Code  E-mail address: (to be used for future annual report for	times forum, com
For further information concerning this matter, p	lease call:
Name of Contact Person at (	Area Code and Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the I	Florida Department of State.
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32301



October 23, 2012

DANNA HAYDAR TAMPA BAY ARENA L.P. 401 CHANNELSIDE DRIVE TAMPA, FL 33602

SUBJECT: TAMPA BAY ARENA, LTD.

Ref. Number: B95000000201

We have received your document for TAMPA BAY ARENA, LTD. and your check(s) totaling \$315.00. 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.

NOTE there is an additional fee of \$10.00.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 812A00025990

## 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. Name of Limited Partnership or Limited Liability Limited Partnership Florida document number Date of filing/registration in Florida 4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Address 5. The name and Florida street address of the new registered agent and/or office: Florida street address (P.O. 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 an accept the obligations of my position as registered agent.

Signature of Registered Agent

Certified Copy (optional): \$52.50

\$35.00

Filing Fee:

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