

B98000000327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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(Business Entity Name)

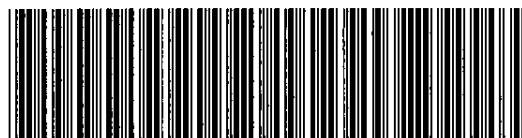
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 DEC 20 AM 10:00

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C. LEWIS
DEC 21 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Meyers Associates, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B98000000327

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:

Tammy Kraus, Compliance Officer
Contact Person

Meyers Associates, L.P.
Firm/Company

2170 W. State Rd 434, Ste 320
Address

Longwood, FL 32779
City, State and Zip Code

+kraus@meyerslp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tammy Kraus at (321) 594-4657
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

INHS04 (01/06)

**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. Meyers Associates, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 05/27/1998
Date of filing/registration in Florida

3. B98000000327
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:

National Corporate Research Ltd, Inc
Name
515 E. Park Ave
Address
Tallahassee, FL 32301
City, State and Zip

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

C T Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)
Plantation, FL 33324
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]
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.

Barbara A. Burke
Signature of Registered Agent

Barbara A. Burke
Special Assistant Secretary

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

2011 DEC 20 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED