

To:

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2024-04-08 15:05:22 EST

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From: Deborah Fehik

BA9000000371

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : GREENSPOON MARDER, P.A.  
Account Number : 076064003722  
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Email Address: thefallsmb@taplinfallsllc.com

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**REGISTERED AGENT CHANGE  
THE FALLS AT MARINA BAY, L.P.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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| Page Count            | 01      |
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE FALLS AT MARINA BAY, L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** B99000000371

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:

JENNIFER SZALAS

Contact Person

TAPLIN DEVELOPMENT CORPORATION

Firm/Company

13651 N.W. 4TH STREET

Address

PEMBROKE PINES, FL 33028

City, State and Zip Code

thefallsmb@taplinfallsld.com

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

For further information concerning this matter, please call:

Jennifer Szalas

at ( 954 ) 437-1435

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. THE FALLS AT MARINA BAY, L.P.**

Name of Limited Partnership or Limited Liability Limited Partnership

**2. 10/12/1999**

Date of filing/registration in Florida

**3. B99000000371**

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:**

LILIAN GIL

Name

13651 N.W. 4TH STREET

Address

PEMBROKE PINES, FL 33028

City, State and Zip

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

JENNIFER RACHEL SZALAS

Name

13651 N.W. 4TH STREET

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

PEMBROKE PINES

FL 33028

City, State and Zip

**6. Such change(s) is/are effective when filed by the Florida Department of State.  
FALLS AT MARINA BAY, INC.**

**BY:**

*[Signature]*  
Signature of General Partner, JACK TAPLIN, PRESIDENT

*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]*  
Signature of Registered Agent

**Filing Fee: \$35.00**

**Certified Copy (optional): \$52.50**

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