AOQOCOCOT56 Julie A. Carson Requester's Name Taulor Turistonen ts Test NE 1/13 ed 5t

N. Miami Beach, Fl 33/62
City/State/Zip Phone #

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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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(Corporation Name)	(Document #)	A. I.
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4. (Corporation Name)	(Document #)	
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OTHER FILINGS	REGISTRATION/	QUALIFICATION
Annual Report	☐ Foreign	
Fictitious Name	Limited Partner Reinstatement	rsnip
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Examiner's Initials

STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

Gator Hialeah Partners, LLLP	·
Insert limited partnership's Florida document number: 40200000 754	
or <u>Attach</u> certificate of limited partnership, affidavit of capital contributions and applicable limpartnership filing fees.	nited
2. Suffix adopted for the above named partnership: LLLP - (LLLP, L.L.L.P.)	
3. The street address of its chief executive office: (if different from current recorded address):	
4. The street address of principal office in Florida: (if different from above)	MAN 2
5. The limited partnership hereby elects to be a limited liability limited partnership.	CORPOR PA (2
5. The effective date of this filing shall be: X as of the date this document is filed with the Florida Secretary of State or a date later than the time of filing:	ORIDA
7. The name and Florida street address of the partnership's agent for service of process:	
James A. Goldsmith	
North Miami Beach Florida 33162	
Note: Maint Beach , Florida, Florida	
The execution of this statement as a partner constitutes an affirmation under the penalties of hat the facts stated herein are true.	perjury
Signed this 17th day of May , 2002	
Signature of TWO Partners:	 <u>~</u>
Typed or printed names of partners signing above James A. Goldsmith Douglas S. Miska	

Filing Fee: \$25.00 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75