

A04000000746

(Requestor's Name)

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(City/State/Zip/Phone #)

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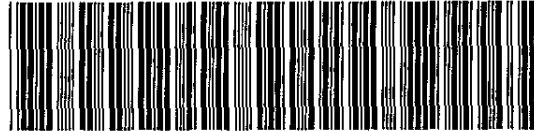
(Business Entity Name)

(Document Number)

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DIVISION OF INFORMATION
TALLAHASSEE, FLORIDA
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SK

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

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FILE SECOND!

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TALLAHASSEE, FLORIDA
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CONTACT: KATIE WONSCH

DATE: 5/6/04

REF. #: 0672.26018

CORP. NAME: TWO CORNERS LIMITED PARTNERSHIP, LLLP

- | | | |
|---|---|--|
| ☐ ARTICLES OF INCORPORATION | ☐ ARTICLES OF AMENDMENT | ☐ ARTICLES OF DISSOLUTION |
| ☐ ANNUAL REPORT | ☐ TRADEMARK/SERVICE MARK | ☐ FICTITIOUS NAME |
| ☐ FOREIGN QUALIFICATION | ☐ LIMITED PARTNERSHIP | ☐ LIMITED LIABILITY |
| ☐ REINSTATEMENT | ☐ MERGER | ☐ WITHDRAWAL |
| ☒ CERTIFICATE OF CANCELLATION | | |
| ☒ OTHER: STATEMENT OF QUALIFICATION | | |

STATE FEES PREPAID WITH CHECK# 568221 FOR \$ 33.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
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| ☐ CERTIFIED COPY | ☐ CERTIFICATE OF GOOD STANDING | ☒ PLAIN STAMPED COPY |
| ☒ CERTIFICATE OF STATUS | | |

Examiner's Initials

**STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership as identified in the records of the Florida Department of State:
Two Corners Limited Partnership

Insert limited partnership's Florida document number: _____

or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above named partnership: LLLP
(LLLP, L.L.L.P.)

- 2.5 Name of Partnership after filing this statement: Two Corners Limited Partnership, LLLP

3. The street address of its chief executive office: N/A

(if different from current recorded address)

4. The street address of principal office in Florida: N/A

(if different from above)

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. 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: _____

7. The name and Florida street address of the partnership's agent for service of process:

Lois R. Linville

4622 Gall Boulevard

Zephyrhills, Florida 33541-6237

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 13th day of April, 2004.

Signature of TWO Partners:

Lois R. Linville
Terry Linville

Typed or printed names of partners signing above: Lois R. Linville, General Partner

Terry Linville, General Partner