H09000000000

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to Filing Officer:	
	Office Use Only



900142984769

Effective Date 02/09/09

02/09/09--01023--007 **1000.00

SECRETARY OF STATE STATE CORPORATIONS

09 FEB -9 PM 2: 4:6

W09-641A

* BENNE EEB / 8 SUNG

J. BRYAN

FEB 1 1 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 10, 2009

LAURA JACOBSON, ESQ. PERLMAN, YEVOLI & ALBRIGHT, P.L. 200 S. ANDREWS AVENUE, SUITE 600 FT. LAUDERDALE, FL 33301

SUBJECT: SMB, LP

Ref. Number: W0900006469

OPFEB -9 PH 2: 46

We have received your document for SMB, LP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is #V26498, SMB, INC...

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 609A00004746

PERLMAN, YEVOLI & ALBRIGHT, P.L.

ATTORNEYS AT LAW

February 10, 2009

VIA FEDEX

RE: SMB, LP Filing

Mr. Joey Bryan
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Mr. Bryan:

Our firm represents Anesco Billing Services, LLC, the general partner of a limited partnership for which the certificate of limited partnership was rejected due to unavailability of the name, SMB, LP. Based on my conversation with Anne at the Division of Corporations, you are the gentleman responsible this matter.

Enclosed please find a new certificate of limited partnership with the name "SMB I, LP" which we have been assured by Anne (and confirmed via sunbiz.org) is available for registration for this limited partnership. For your convenience, and because we request the effective date of our original filing, February 9, 2009, enclosed our two (2) different versions of the certificate of limited partnership. The first sets forth an effective date of February 9, 2009. As a precaution, the second version reflects today's date. Please file the appropriate document.

In addition, please apply the \$1,000 check that you received with the original documents for SMB, LP to the filing fee for SMB I, LP.

Please do not hesitate to contact me at 954-566-7117 or by email to malbright@pyalaw.com, if you have further questions or if any further actions are required to effectuate this filing as soon as possible.

Sincer

Mark A. Albright, Esq.

Enclosures

COVER LETTER

TO: Registration Section Division of Corporations	
•	
SUBJECT: SMB I, LLP	
(Name of Florida Limited Partnership or L	imited Liability Limited Partnership)
	1.0 1.0 0.1
The enclosed Certificate of Limited Partnership	and tees are submitted for thing.
Please return all correspondence concerning this	s matter to:
Mark Albright, Esq.	_
(Contact Person)	
,	09 FEB
Perlman, Yevoli & Albright, P.L.	
(Firm/Company)	φ
200 S. Andrews Ave., Suite 600	
(Address)	ë.
Ft. Lauderdale, FL 33301	
(City, State and Zip Code)	
For further information concerning this matter, p	please call:
Laura Jacobson at (954 566-7117
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$1,000.00 Filing Fees \$\int \$1,008.75 Filing Fees and \$\text{and Certificate of and Status}\$ Status	1,052.50 Filing Fees S1,061.25 Filing Fees, Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle Tallahassee, Fl., 32301	Tallahassee, FL 32314
TABADASSEC P.L. 32.3UT	

CR2E030 (01/06)

CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership suffixes: Limited Liability Limited Liability Limited Partnership suffixes: Limited Liability Liability Liability Limited Liability Liability Liability L	<i>l</i> .
	fective Date 02/09
2, 3601 W. Commercial Blvd., Ste. 4 & 5	
(Street address of initial designated office)	
Ft. Lauderdale, FL 33309	60 1/MIQ
3. Perlman, Yevoli & Albright, P.L.	09FEB 1
(Name of Registered Agent for Service of Process)	- 9
_{4.} 200 S. Andrews Ave., Ste. 600	PH DAP
(Florida street address for Registered Agent)	
Ft. Lauderdale, FL 33301	PH 2: 46
5. I hereby accept the appointment as registered agent and agree to act in this capacity comply with the provisions of all statutes relative to the proper and complete performant and I am familiar with and accept the obligations of my position as registered agent. Signature of Registered Agent	
_{6.} 3601 W. Commercial Blvd., Ste. 4 & 5	
(Mailing address of initial designated office)	

8. Name and business address of each ge Name:	neral partner: Business Address:
Anesco Billing Services, LLC	3601 W. Commercial Blvd.
# MO 0000 1308P	Suite 4 & 5
	Ft. Lauderdale, FL 33309

9. Effective date, if other than the date of filing: F	February 9, 2009
	e than 90 days after the date the document is
Signed this 10th day of Fel	bruary <u>2009</u>
Signature of each general partner:	
Anesco Billing Services, LL By: Hull Wolf	c
Paul Kolbert, Manager	
Filing Fees: \$1,00	00.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional): Certificate of Status (optional):

\$52.50

\$8.75 Page 2 of 2