499000000452

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PI	AIL
RING & HARRING, P.A. Certified Public Accountants 1320 S. Dixie Hwy., Ste. 740 Coral Gables, FL 33146-2938	
(Document Number)	
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 3, 2003

RING & HARRING, P.A. 1320 S. DIXIE HWY., STE. 740 CORAL GABLES, FL 33146-2938

SUBJECT: QUINDAD, LIMITED Ref. Number: A99000000452



We have received your document for QUINDAD, LIMITED and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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 Document Specialist

Letter Number: 303A00065117

12-10-03 DOTTIE

APPARENTLY QUINDAD IS A LIMITED PARTNERSHIP,

PLEASE SIGN, DATE, MAIL ENCLOSED FORM WHICH WILL

MAKE IT A " LIMITED LIABILITY LIMITED PARTNERSHIP.

* Filled and New form, signed, no change in address.

TRANSMITTAL LETTER

TO MILON OF THE SERVICE OF THE SERVICE SO MILO TO: Registration Section Division of Corporations <u> A99000000 452</u> DOCUMENT NUMBER: _ The enclosed Statement of Qualification for Florida Limited Liability Limited Partnership and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: RING & HARRING PA.
(Firm/Company) 1320 S. DIXIE HWY # 740 MIAMI FL 33146
and Zip Code)

For further information concerning this matter, please call:

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

INHS66(9/03)

STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

7 7 ...

FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP
1. The name of the limited partnership as identified in the records of the Florida Department of States OUINDAD, LIMITED
1. The name of the limited partnership as identified in the records of the Florida Department of State. COUINDAD, LIMITED Insert limited partnership's Florida document number: A 99 000000 452 or Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited partnership filing fees.
2. The complete name of the entity after filing Statement of Qualification shall be:
QUINDAD, LLLP (Must include LLLP o) 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: 9191 Garland Road, #427 (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: 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: DOROTHY ANNE MCLAUGHLIN 8511 CEDAR COVE COURT ORLANDO Florida 32819
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 22 day of December 2093. Signature of TWO Partners: Signature of TWO Partners: Acrofly & Ruchersen
Typed or printed names of partners signing above: DANALD A. DUCHESNEAU DOROTHY A. DUCHESNEAU

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