## A1400000363

(Requestor's Name)
(Address)
( issues of
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

Century Senior Service	s LP	
***Please file this Florid	la I D registration***	
Please life this Florid	a LP registration	
() Nonprofit	() Amendment	() Merger
()Domestic Corporation		
	() Dissolution/Withdrawal	() Mark
(X) Limited Partnership	() Reinstatement	
() LLC	() Annual Report	() Other
	() Name Registration	() UCC
() Certified Copy	() Fictitious Name	
		() CUS
	() Photocopies	
(x) Walk In		( ) After 4:30
() Mail Out	() Will Wait	(x) Pick Up
Name		0.1."
Availability	7/9/2014	Order#:
Document	***	9202736
Examiner	KM	Ref#:
Updater Verifier		Rei#.
W.P. Verifier		
		Amount: \$
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Century Senior Services LP	•
	artnership or Limited Liability Limited Partnership
The enclosed Certificate of Limited Partner	ership and fees are submitted for filing.
Please return all correspondence concerning	ng this matter to:
Barbara Taube	
Contact Person	
Guarantee Trust Life Insurance Company	
Firm/Company	
1275 Milwaukee Avenue	
Address	
Glenview, Illinois 60025	
City, State and Zip Code	· · · · · · · · · · · · · · · · · · ·
btaube@gtlic.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this ma	itter, please call:
Barbara Taube	at (847 ) 460-4754
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amou	ent:
\$1,000.00 Filing Fees \$1,008.75 Filing Fees and \$35 Registered Agent Fee) \$1,008.75 Filing Fees and Certificate of Status	\$1,052.50 Filing Fees and 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 32314

Tallahassee, FL 32301

CR2E030 (01/06)

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

Acceptable .	Limited Partne	ership suffixes	: Limited Pa	rtnership, Limi	ted, L.P., LP, d	nmust include suffix or Ltd. ed Partnership, L.L.	
2, <sup>1275</sup> Mil	waukee Aven	ue, Glenview,	Illinois 6002	5			
<del></del>		(Street	address of in	itial designated	office)		
	·····	<del></del>					
3		Name of P		oration System ent for Service of	of Process)		
· . ·			_	, , , , , , , , , , , , , , , , , , ,	•		
4				Pine Island Road	··		
		(Florida:	street address	s for Registered	Agent)	,	
			Plantation, l	Florida 33324			
comply with	the provisions	s of all statutes I accept the ob	relative to t	he proper and c ny position as r	omplete perfor	acity. I further agr mance of my duties t.	
ies M. H istant Secr	lalpin <sub>By:</sub> etary	Jan 1	n La	egistered Agent		- <del></del>	
		V					
0,		(Mailing	address of in	itial designated	office)	. ,	
		/ <b></b> B	·.			··	
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Page 1 of 2

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