

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG 13 AM 9:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A00000000734

1. Name of Limited Partnership

Formoso Family Limited Partnership

2. Principal Office Address - No P.O. Box #

261 Eagle Estate Dr

Suite, Apt. #, etc.

City & State

DeBary, FL

Zip

32713

Country

3. Mailing Office Address

261 Eagle Estate Drive

Suite, Apt. #, etc.

City & State

DeBary, FL

Zip

32713

Country

4. Date Formed or Registered
To Do Business in Florida

5. FEI Number

593647124

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Hold Thyssen, LLC - As Receiver

Street Address (P.O. Box Number is Not Acceptable)

301 S. New York Ave

Suite, Apt. #, Etc.

Suite 200

City
Winter Park

State
FL

Zip Code
32789

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$88.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited
partnership revoked on our records.

☒ A \$500 penalty is due for each year or part thereof the entity's
certificate of authority was revoked on our records, except in
circumstances which the entity did not receive the prior notices.
By checking this box, you are certifying the prior notices were not
received and requesting the \$500 penalty fee(s) be waived.

9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

see attached

(REGISTERED AGENT MUST SIGN)

DATE **8/3/09**

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

10a. Registration
Document Number

**Formoso Capital Management,
LLC**

261 Eagle Estate Drive

DeBary, FL 32713

L00000005079

REINSTATEMENT

L. SELLERS

AUG 17 2009

EXAMINER

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

[Signature]

managing member

DATE **8-3-09**

Typed or Printed Name of General Partner Signing Form

Hold Thyssen, LLC - As Receiver

Telephone Number

407-691-0505

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Formoso Family Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

2. 05-03-2000 3. A00000000734
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

None
Name

Address

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Hold Thyssen, LLC - As Receiver
Name

301 S. New York Avenue, Suite 200
Florida street address (P.O. Box not acceptable)

Winter Park FL 32789
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

X Hold Thyssen LLC, As Receiver managing member
Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

X Hold Thyssen LLC, As Receiver managing member
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50