

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

**FILED**

14 JUL 21 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** *A00000001796*

1. Name of Limited Partnership

**CLS Asset Management, LLLP**

2. Principal Office Address - No P.O. Box #  
**6020 San Jose Blvd**

3. Mailing Office Address  
**same**

Suite, Apt. #, etc.  
**2nd Floor**

Suite, Apt. #, etc.

City & State  
**Jacksonville, FL**

City & State

Zip  
**32217**

Country  
**USA**

Zip  
Country

4. Date Formed or Registered  
To Do Business in Florida **11/27/2000**

5. FEI Number  
**59-3688218**

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  
**Kenneth A. Tomchin**

Street Address (P.O. Box Number is Not Acceptable)  
**6816 Southpoint Parkway**

Suite, Apt. #, Etc.  
**Suite 400**

City  
**Jacksonville**

FL Zip Code  
**32216**

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.

E-mail Address:

**tomchin@tomchinandodom.com**

E-Mail address to be used for future annual report notices.

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)

(REGISTERED AGENT MUST SIGN)

DATE **7-18-14**

**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

**Linda L. Stanley**

**4424 Kelnepa Dr.**

**Jacksonville, FL 32207**

**REINSTATEMENT**

**1 Burch JUL 23 2014**

**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 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE *Linda L. Stanley*  
Typed or Printed Name of General Partner Signing Form **Linda L. Stanley**

DATE **7-18-14**

Telephone Number **904-737-4813**