

# A010000000103

Doreen L. Haigh

Requestor's Name

Jeffer, Cioffi & Cicalese, PA

Address

P.O. Box 2010

City/State/Zip

Phone #

Tequesta, FL 33469

1/17

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 JAN 17 AM 9:28

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

000003553130--0  
-12/21/00-01071-004  
\*\*\*\*125.00 \*\*\*\*37.50  
\$25.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Doreen Haigh GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT Seppi X  
DATE 1/17/01  
DOC. EXAM MCA

**STATEMENT OF QUALIFICATION FOR  
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership as identified in the records of the Florida Department of State:  
Towering Pines, Limited Partnership

Insert limited partnership's Florida document number: \_\_\_\_\_  
or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above named partnership LLP  
(LLP, L.L.P.)

3. The street address of its chief executive office: 308 Tequesta Drive  
(if different from current recorded address): Tequesta, FL 33469

4. The street address of principal office in Florida: 308 Tequesta Drive  
(if different from above) Tequesta, FL 33469

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:  
X as of the date this document is filed with the Florida Secretary of State  
or  
\_\_\_\_\_ a date later than the time of filing: \_\_\_\_\_

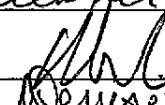
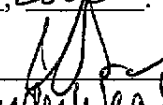
7. The name and Florida street address of the partnership's agent for service of process:  
Neal Vander Waal  
308 Tequesta  
Tequesta, Florida 33469

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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 18<sup>th</sup> day of December, 2007.

Signature of TWO Partners:

Typed or printed names of partners signing above: Neal Vander Waal  
Denise Vander Waal

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