

A010000000530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

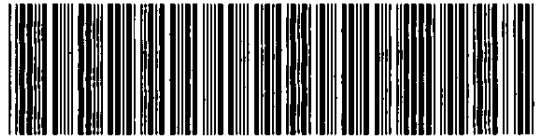
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600163649806

01/11/10--01064--002 **52.50

EFFECTIVE DATE

2/1/10

FILED
10 JAN 11 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Collins FEB - 9 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WILLIAM F SUTTON FAMILY LIMITED PARTNERSHIP LLP
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JOSEPH S LAFATA CPA

Contact Person

LAFATA AND COMPANY CPAS

Firm/Company

5300 W CYPRESS ST SUITE 247

Address

TAMPA FL 33607

City, State and Zip Code

JSLCPA@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH S LAFATA CPA

Name of Contact Person

at (813)

289-7779

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:



\$52.50 Filing Fee



\$61.25 Filing Fee
and Certificate of
Status



\$105.00 Filing Fee
and Certified Copy



\$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2010

JOSEPH S. LAFATA CPA
5300 W CYPRESS STREET
SUITE 247
TAMPA, FL 33607

SUBJECT: WILLIAM F. SUTTON FAMILY LIMITED PARTNERSHIP, LLP
Ref. Number: A01000000530

We have received your document for WILLIAM F. SUTTON FAMILY LIMITED PARTNERSHIP, LLP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 810A00001003

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

FILED

10 JAN 11 AM 8:34

WILLIAM F SUTTON FAMILY LIMITED PARTNERSHIP, LLP

Insert name currently on file with Florida Department of State

CLERK OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 4/19/2001, assigned Florida document number A01000000530, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:

(Must be STREET address)

New Mailing Address:

(May be post office box)

C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GP	HELEN C SUTTON	7853 GUNN HWY #394 TAMPA FL 33626	☐ Add ☒ Remove
GP	WILLIAM F SUTTON JR	7853 GUNN HWY #392 TAMPA FL 33626	☒ Add ☐ Remove
LP	CAROLA SUTTON	7853 GUNN HWY #392 TAMPA FL 33626	☒ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

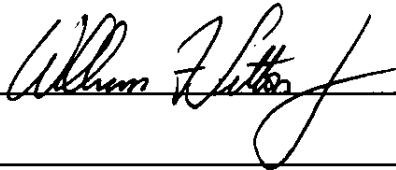
(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: ~~DECEMBER 31, 2009~~ February 1, 2010
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

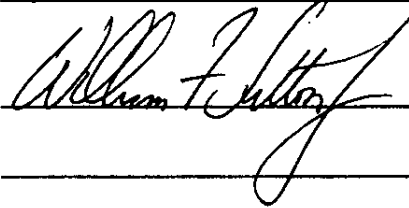
Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)



FILED
10 JAN 11 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature(s) of all new or dissociating general partner(s), if any:



AS PERSONAL RSP

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

IN THE CIRCUIT COURT FOR HILLSBOROUGH COUNTY, FLORIDA
PROBATE DIVISION

IN RE: ESTATE OF

HELEN C. SUTTON

File Number 89-1740

Deceased.

Division A

LETTERS OF ADMINISTRATION

TO ALL WHOM IT MAY CONCERN

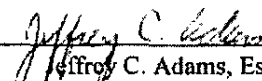
WHEREAS, HELEN C. SUTTON, a resident of Hillsborough County, Florida, died on July 19, 2009, owning assets in the State of Florida, and

WHEREAS, WILLIAM F. SUTTON, JR., has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I the undersigned circuit judge, declare WILLIAM F. SUTTON, JR., duly qualified under the laws of the State of Florida to act as personal representative of the estate of HELEN C. SUTTON, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent, to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

ORDERED ON August 6, 2009


Circuit Judge


Jeffrey C. Adams, Esq.
Attorney for Personal Representative

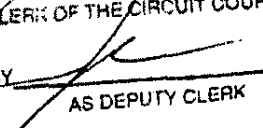
Florida Bar No. 488313
Address: 8491 121 Ave. N.
Largo, FL 33773
Telephone: 727-482-1140

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

THIS IS TO CERTIFY THAT THE FOREGOING
IS A TRUE AND CORRECT COPY OF THE
DOCUMENT ON FILE IN MY OFFICE AND
THE SAME IS IN FULL FORCE AND EFFECT
THIS 7 DAY OF August 2009



PAT FRANK
CLERK OF THE CIRCUIT COURT

BY  D.C.
AS DEPUTY CLERK

FILED
2009 AUG - 7 AM 9:34
CLERK OF CIRCUIT COURT
HILLSBOROUGH COUNTY, FLA.
PROBATE