A0100000809

(Re	equestor's Name)	
(Ad	idress)	
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, (Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Ві	isiness Entity Nam	e)
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SITIOS HOLDINGS Limited Partner. (Name of Limited Partnership)	ship	
DOCUMENT NUMBER: A 0100000809		
The enclosed Statement of Qualification for Florida Limited Liability Limited Partnership and fee(s) a filing.	re submitted for	
Please return all correspondence concerning this matter to the following:		
Carol A. Vance		
(Name of Person)		
(Firm/Company)		
Carol A. Vance, Esq. CPA, LLC	OH JA SECIKE)
St. Pete Beach, FL 33706	N-9 ASSEE	tor brain
and Zip Code)	AMIO:	
For further information concerning this matter, please call:	19 RIDA	
Caro A. Vance at 727, 367-1222 (Name of Person) (Area Code & Daytime Telephone Number	her)	

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

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: SHOS Holdings Limited Partnership.
Insert limited partnership's Florida document number: A0100000809
or <u>Attach</u> Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited partnership filing fees.
2. The complete name of the entity after filing Statement of Qualification shall be:
SITIOS HOLDINGS LLLP (Must include LLLP or L.L.L.P.)
3. The street address of its chief executive office: 503 Suwanee Circle (if different from current recorded address): Tank 44, F2 33606
4. The street address of principal office in Florida: Same
(if different from above)
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:
Carol A. Vance, Esq. CPA, LLC Florida
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 5th day of January, 7004.
Signature of TWO Partners:
Typed or printed names of partners signing above: Darrell William 3

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