

A01000001312

Requestor's Name	
Address	
City/State/Zip	Phone #

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 #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

FILED
01 SEP 28 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

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-09/04/01--01119--007
****112.50 *****25.00

A01-1312
F \$25.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 6, 2001

CHARLES S. DAYHOFF III
3830 TAMPA ROAD, SUITE 150
PALM HARBOR, FL 34684

SUBJECT: EAGLE TITLE OF TITUSVILLE, LLLP
Ref. Number: W01000020717

We have received your document for EAGLE TITLE OF TITUSVILLE, LLLP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal's office address. This address must be a street address; a post office box is not acceptable.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 601A00050280

FILED
01 SEP 28 PM 5:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CHARLES S. DAYHOFF III
Attorney and Counselor at Law

Cornerstone Centre
3830 Tampa Road, Suite 150
Palm Harbor, FL 34684

Telephone (727) 785-6721
Telecopier (727) 785-0798
E-mail: attorneydayhoff@aol.com

September 25, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CERTIFIED MAIL, RETURN
RECEIPT REQUESTED

Attn: Tammi Cline, Document Specialist

Re: Eagle Title of Titusville, LLLP
Ref. Number: W01000020717

Dear Ms. Cline:

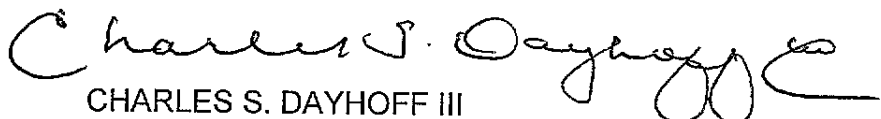
Please find enclosed each of the following:

1. A copy of your letter dated September 6, 2001 (Letter Number 601A00050280).
2. An original and one copy of the Statement of Qualification for Florida Limited Liability Partnership, with the principal's office address listed as requested.
3. A copy of your letter dated September 6, 2001 (Letter Number 801A00050279).
4. An original and one copy of a new Certificate of Limited Partnership, with the signature of the registered agent on line 5 as requested.
5. An original and one copy of a new Affidavit of Capital Contributions.

If you find the enclosures satisfactory, please file the original documents and kindly return a file stamped copy of each document to me.

Thanking you in advance for your cooperation, I am

Sincerely yours,


CHARLES S. DAYHOFF III

CSD:bf
Enclosure

FILED
01 SEP 26 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: **EAGLE TITLE OF TITUSVILLE, LLLP.**

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: **LLLP**
3. The street address of its chief executive office (if different from current recorded address):

4. The street address of principal office in Florida (if different from above):

26750 U.S. Highway 19
Suite 550
Clearwater, FL 33761

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:

6. The name and Florida street address of the partnership's agent for service of process: **JARRELL BRITTS, 26750 U.S. Highway 19, Suite 550, Clearwater, Florida 33761.**

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 13th day of ~~June~~ August, 2001

Signature of TWO Partners:

SPACE COAST FINANCIAL SERVICES, INC.

Louie C. Human, President

Jarrell Britts

Typed or printed names of
Partners signing above:

EAGLE TITLE & ABSTRACT CORPORATION,
INC., a Florida corporation, by JARRELL BRITTS,
President

SPACE COAST FINANCIAL SERVICES, INC., a
Florida corporation, by LOUIE C. HUMAN,
President

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA