

A02 0000000469

Requestor's Name
PO Box 458
Address
Vero Beach, FL 32961
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) **000005175500** (Document #)
4. _____ (Corporation Name) **03/06/02 -- 01049-003** (Document #) **\$148.75 ** \$25.00**

FILED
102 MAR 25 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ 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

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

A02-469
OR
FF \$25.00

Examiner's Initials

**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:
Fort Pierce Reload, LLP

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
(LLP, L.LLP.)

3. The street address of its chief executive office: 253 Florida Ave.
(if different from current recorded address):
Ft. Pierce, FL 34950

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:
☒ 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:

Peter O. Myers (home)
9376 88th St.
Vero Beach, Florida 33967

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 day of March, 2002.

Signature of TWO Partners:

Peter O. Myers
Kathleen A. Myers

Typed or printed names of partners signing above: Peter O. Myers
Kathleen A. Myers

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

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