

D. Beyhok  
Requester's Name

Vehicle H&C, LLC  
Address

1161 S. Tamiami Trail, Ste 205  
City/State/Zip Phone #

Vehicle FL 34235

000007641340--0  
-09/10/02--01066--001  
\*\*\*\*\*77.50

9/10 FL LLC

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 #)

02 SEP 10 PM 4:46  
FILED  
TALLAHASSEE FLORIDA

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

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

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:

LITTLE GASPARILLA PROPERTIES, LTD

Insert limited partnership's Florida document number: 1702066001195

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

(LLLP, L.L.L.P.)

3. The street address of its chief executive office: \_\_\_\_\_

(if different from current recorded address):

SAME

4. The street address of principal office in Florida: \_\_\_\_\_

(if different from above)

SAME

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

6. The effective date of this filing shall be:

SAME

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:

CAREY BEYCHOK

1620 BAY ROAD

SARASOTA

, Florida

34239

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

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 \_\_\_\_\_ day of \_\_\_\_\_,

Signature of TWO Partners: \_\_\_\_\_

Carey Beychok

Typed or printed names of partners signing above: \_\_\_\_\_

DANIEL BEYCHOK

Carey Beychok

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75