

A020000001348

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000210018 6)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : AKERMAN SENTERFITT & EIDSON
Account Number : 076656002425
Phone : (407)843-7860
Fax Number : (407)843-6610

*File 2nd
Statement of Qualification for Liberty Maguire LLP*

LIMITED PARTNERSHIP AMENDMENT

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$105.00

02 OCT -9 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

10-9-02

(((H02000210018 6)))

**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:

LIBERTY MAGUIRE, LLLP

Insert limited partnership's Florida document number: A020000001348
or

Amec 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 officer:
(if different from current recorded address): **310 West Central Parkway
Suite 7000
Altamonte Springs, Florida 32714**

4. The street address of principal office in Florida: **310 West Central Parkway
Suite 7000
Altamonte Springs, Florida 32714**

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:

**Wm. Michael Mikkelsen
310 West Central Parkway, Suite 7000
Altamonte Springs, Florida 32714**

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 9 day of October, 2002.

Signature of TWO Partners:

Wm. Michael Mikkelsen
Wm. Michael Mikkelsen
Brian A. Pelski
Brian A. Pelski

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

(((H02000210018 6)))

02 OCT -9 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED