

# **2009 LIMITED PARTNERSHIP REINSTATEMENT**

DOCUMENT# A03000000089

**FILED**  
**Oct 23, 2009**  
**Secretary of State**

**Entity Name:** S & S FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

510 PENNSYLVANIA AVE  
BRONSON, FL 32621

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1540  
BRONSON, FL 32621 US

**New Mailing Address:**

P.O. BOX 1567  
BRONSON, FL 32621 US

**FEI Number:** 54-2089957      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SIDE, A.J.  
510 PENNSYLVANIA AVE  
BRONSON, FL 32621 US

**Name and Address of New Registered Agent:**

SANABRIA, S.D.  
510 PENNSYLVANIA AVE  
BRONSON, FL 32621 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: S.D. SANABRIA

10/23/2009

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: SIDE, A.J.

Address: 510 PENNSYLVANIA AVE

City-St-Zip: BRONSON, FL 32621 US

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: S.D. SANABRIA

RA

10/23/2009

Electronic Signature of Signing General Partner

Date