

# A03 000000331

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(Requestor's Name)

\_\_\_\_\_  
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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

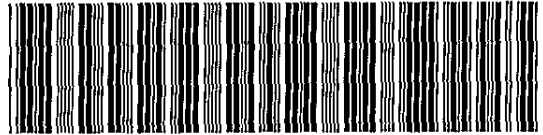
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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03 FEB 28 AM 9:18  
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STATE  
CORPORATIONS  
FLORIDA

A03-331

Kevin Camp  
Requester's Name  
8720 N. Trojan Dr  
Address  
Citrus Springs FL 34433  
City/State/Zip  
941.320.4125  
Phone #

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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| <input type="checkbox"/> Walk in   | <input type="checkbox"/> Pick up time | <input type="checkbox"/> Certified Copy        |
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**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

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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:

CAMP BROTHERS LIMITED PARTNERSHIP

Insert limited partnership's Florida document number:

1103-331

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:

8720 N. Trojan Dr.

(if different from current recorded address):

Citrus Springs Fl.

34433

4. The street address of principal office in Florida:

N/A

(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:

Kevin Camp

~~8720~~ 8720 N. Trojan Drive

Citrus Springs

, Florida

34433

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 27 day of February, 2003.

Signature of TWO Partners:

[Signature]  
Jeffrey Camp

Typed or printed names of partners signing above:

Kevin Camp

JEFFREY Camp

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

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