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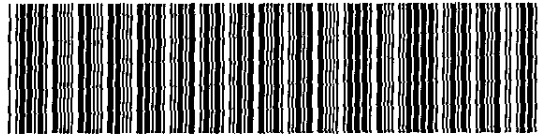
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A03-819
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 105423 7142172

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : May 23, 2003

ORDER TIME : 1:02 PM

ORDER NO. : 105423-010

CUSTOMER NO: 7142172

CUSTOMER: Ms. Laurie Phillips
Jonathan W. Shirley, P.a.

171 Circle Drive

Maitland, FL 32751

DOMESTIC FILING

NAME: GASSER FAMILY LIMITED
LIABILITY LIMITED PARTNERSHIP,
RLLP

EFFECTIVE DATE: =

XX STATEMENT OF QUALIFICATION FOR FLORIDA
LIMITED LIABILITY LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS: _____

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F \$25.00



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 23, 2003

RESUBMIT
Please give original
submission date as file date.

DARLENE WARD
CSC

SUBJECT: GASSER FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP,
LLP
Ref. Number: W03000014884

We have received your document for GASSER FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP, LLP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must end with LLLP

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 503A00032636

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submission date - 5/23/03
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**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:
GASSER FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP, LLLP.

Insert limited partnership's Florida document number:

AD300000000819

or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above named partnership:

LLP

3. The street address of its chief executive office:

1723 Pine Creek Court, Lake Mary, Florida, 32746.

(if different from current recorded address):

4. The street address of principal office in Florida:

1723 Pine Creek Court, Lake Mary, Florida, 32746.

(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:

X 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:

_____, Florida _____

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 22nd day of May, 2003

Signature of TWO Partners:

Delores A. Gasser, Manager
Delores A. Gasser

Typed or printed names of partners signing above:

Delores A. Gasser, Manager

Delores A. Gasser

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

SECRETARY OF STATE
FLORIDA

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