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(City/State/Zip/Phone #)

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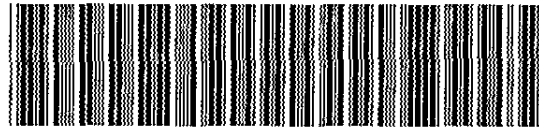
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Suncoast Title Services of TAMPA Bay LLC  
(Name of Limited Partnership)

**DOCUMENT NUMBER:** W04000072582

The enclosed Statement of Qualification for Florida Limited Liability Limited Partnership and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph N Perlman  
(Name of Person)

Joseph N Perlman Esq  
(Firm/Company)

1001 Fletcher Rd S #B  
(Address)

LAgo FL 33771  
and Zip Code)

For further information concerning this matter, please call:

J Perlman  
(Name of Person)

at (727) 5362711  
(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**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:

SUNROOST Title Services of Tampa Bay, LLC

Insert limited partnership's Florida document number: \_\_\_\_\_

or

Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited partnership filing fees.

2. The complete name of the entity after filing Statement of Qualification shall be:

SUNROOST Title Services of Tampa Bay LLC  
(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office:  
(if different from current recorded address):

30 1101 Belcher Rd S #13  
Largo FL 33771

4. The street address of principal office in Florida:  
(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:

Joseph N Perlman  
1101 Belcher Rd S #13  
Largo, Florida 33771

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 16 day of

March, 2007

Signature of TWO Partners:

[Signature]  
Samantha Green

Typed or printed names of partners signing above:

J N Perlman  
Samantha Green

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