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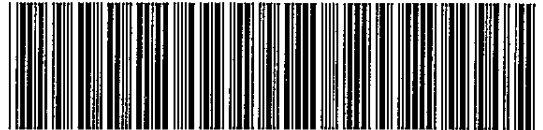
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **L & M Consulting, LLLP**

(Name of Limited Partnership)

DOCUMENT NUMBER: _____

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:

Maria L. Wilczewski

(Name of Person)

L & M Consulting, LLLP

(Firm/Company)

228 SW Fernleaf Trail

(Address)

Port Saint Lucie, FL 34953

and Zip Code)

For further information concerning this matter, please call:

Maria L. Wilczewski

(Name of Person)

at (**772**)

873-9803

(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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 7, 2004

MARIA L. WILCZEWSKI
L & M CONSULTING, LLLP
228 SW FERNLEAF TRAIL
PORT SAINT LUCIE, FL 34953

SUBJECT: L & M CONSULTING, LLLP
Ref. Number: W04000025886

We have received your document for L & M CONSULTING, LLLP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 620.108, Florida Statutes, an affidavit declaring the amount of the capital contributions of the limited partners and the amount anticipated to be contributed by the limited partners must accompany the certificate of limited partnership. The affidavit must be signed by all general partners.

The registered agent must sign accepting the designation.

You must send an additional \$25.00 to file the Statement of Qualification for LLLP status.,

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 104A00043548

**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:
L & M Consulting, LLLP

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:

L & M Consulting, LLLP

(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office: **228 SW Fernleaf Trail**
(if different from current recorded address): **Port Saint Lucie, FL 34953**

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: **July 1, 2004**

7. The name and Florida street address of the partnership's agent for service of process:

Maria L. Wilczewski

228 SW Fernleaf Trail Port Saint Lucie, FL 34953

_____, 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 **28** day of **June**, **2004**

Signature of TWO Partners: _____

Typed or printed names of partners signing above: **Maria L Wilczewski**
Marek M. Wilczewski

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

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FILED