

A04000001232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Form with fields for filing information, including a date field showing 07/30/04.

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Little Turtle LTD, LLLP
(Name of Limited Partnership)

DOCUMENT NUMBER: W04000028325

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:

Joaquin E. Luaces JR.
(Name of Person)

MIAMI MAR INC.
(Firm/Company)

1172 S. DIXIE HWY #369
(Address)

CORAL GABLES, FL 33146
(and Zip Code)

For further information concerning this matter, please call:

Joaquin E. Luaces at 305, 529-8830
(Name of Person) (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:

Little Turtle Ltd

Insert limited partnership's Florida document number: A04000001232

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:

Little Turtle LTD, LLLP

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

3. The street address of its chief executive office:

(if different from current recorded address):

1172 S. Dixie HWY # 369
CORAL GABLES, FL 33146

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:

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:

MIAMI MAR INC. (P00000066198)
1172 S. DIXIE HWY # 369
CORAL GABLES, Florida 33146

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 July, 2007.

Signature of TWO Partners:

Joaquin E. Luaces, JR.
Joaquin E. Luaces, JR.

Typed or printed names of partners signing above:

Joaquin E. Luaces, JR. General Partner
Joaquin E. Luaces, JR. Limited Partner

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