A04 000001868

(Requestor's Name)				
•				
(Address)				
(Address)				
,				
(City/State/Zip/Phone #)				
(City/State/Zip/Prione #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
, ,				
Codification of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				



12/01/04--01005--002 **77.50



Office Use Only

¥ , , , ,				
	CSO () quester's Name			
	Address			
	668 6 Sip Phone #	011		
City/State/Z	ip Phone #			
			Office Use Only	
CORPORATION	NAME(S) & DOCU	MENT NUMBER(S),	(if known):	
1. TAFEEN	FAMILY LIMIT	EN LIABILITY LIM (Document #)	ITED PARTNERSHIP	
2(C	orporation Name)	(Document #)		
. 3 (C	orporation Name)	(Document #)		
. ^{4.}	orporation Name)	(Document #)	<u></u>	
Walk in	Pick up time		Certified Copy	
Mail out	☐ Will wait	Photocopy	☐ Certificate of Status	
NEW FILINGS		<u>AMENDMENTS</u>		
Profit Not for Prof Limited Lial Domesticati Other	bility	Amendment Resignation of Change of Reg Dissolution/W Merger		
OTHER FILIN	OTHER FILINGS		REGISTRATION/QUALIFICATION	
Annual Rep Fictitious N		Foreign Limited Partner Reinstatement Trademark Other Stad		
		Torida Line	Examiner's Initials	

CR2E031(7/97)

STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

	foon Family Limited Downwardin	l in the records of the Florida Department of State:		
or <u>At</u>	sert limited partnership's Florida document numb tach Certificate of Limited Partnership, Affidavit rtnership filing fees.			
2.	The complete name of the entity after filing State	ement of Qualification shall be:		
Τε	feen Family, LLLP			
	(Must include Li	LLP or L.L.L.P.)		
3	The street address of its chief executive office:_ (if different from current recorded address):	6041 NW 84th Terrace		
· ·	(if different from current recorded address):	Parkland, FL 33067		
	_			
4.	The street address of principal office in Florida: (if different from above)	Same as above		
5.	The limited partnership hereby elects to be a lim	ited liability limited partnership.		
5.	The effective date of this filing shall be: X as of the date this document is filed or a date later than the time of filing:	·		
7.	The name and Florida street address of the partn	ership's agent for service of process:		
	Mark Tafeen, 6041 NW 84th Terrace			
	Parkland	, Florida _33067		
	e execution of this statement as a partner constitu t the facts stated herein are true.	ites an affirmation under the penalties of perjury		
Sig	gned this 17+4 day of November	, 2004		
Sig	gnature of TWO Partners:	CP 1/2		
Гу	ped or printed names of partners signing above:	Mark Tafeen, Trustee of the Amanda Tafeen 2002 Dynasty Trust and the		
		Alexandra Tateen 2002 Dynasty Trust		
	Filing Fee	e: \$25.00		

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